

EXHIBIT C

Part 1



Report Status: Final
ORDAZ, LAZARA

Patient Information	Specimen Information	Client Information
ORDAZ, LAZARA DOB: [REDACTED] AGE: 61 Gender: F Fasting: U Phone: NG Patient ID: 52247-066	Specimen: TM383719N Requisition: 1037680 Collected: 10/21/2020 / 08:00 EDT Received: 10/22/2020 / 02:47 EDT Reported: 10/27/2020 / 02:37 EDT	Client #: 66002683 31LE999 NEGRON, IVAN L COLEMAN FCC-LOW 846 NE 54TH TERR COLEMAN, FL 33521

Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D, 1,25 DIHYDROXY			AMD
VITAMIN D, 1,25 (OH) ₂ , TOTAL	53	18-72 pg/mL	
VITAMIN D3, 1,25 (OH) ₂	53	pg/mL	
VITAMIN D2, 1,25 (OH) ₂	<8	pg/mL	
Vitamin D3, 1,25(OH) ₂ indicates both endogenous production and supplementation. Vitamin D2, 1,25(OH) ₂ is an indicator of exogenous sources, such as diet or supplementation. Interpretation and therapy are based on measurement of Vitamin D, 1,25(OH) ₂ , Total. This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute, Chantilly, VA. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.			
Physician Comments:			

PERFORMING SITE:

AMD QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MASON, MD, PHD, CLIA: 49D0221801



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name ORDAZ, LAZARA	Facility FCI Coleman Low	Collected 10/21/2020 13:44
Reg # 52247-066	Order Unit F02-123U	Received 10/22/2020 11:43
DOB [REDACTED]	Provider Karina Franco, MD	Reported 10/22/2020 14:34
Sex F		LIS ID 150204301

CHEMISTRY

Sodium		141	137-148	mmol/L
Potassium	H	5.4	3.5-5.0	mmol/L
Chloride		103	99-114	mmol/L
CO2		26	22-30	mmol/L
BUN		14	7-22	mg/dL
Creatinine		0.97	0.52-1.04	mg/dL
eGFR (IDMS)		58		

GFR units measured as mL/min/1.73 m². If African American multiply by 1.210.
A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium		9.6	8.5-10.9	mg/dL
Glucose		100	70-110	mg/dL
AST		35	11-55	U/L
ALT		19	<35	U/L
Alkaline Phosphatase		110	41-133	U/L
Bilirubin, Total		0.7	0.2-1.3	mg/dL
Total Protein		7.6	6.0-8.2	g/dL
Albumin		4.1	3.6-5.1	g/dL
Globulin		3.5	2.0-3.7	g/dL
Alb/Glob Ratio		1.20	1.00-2.30	
Anion Gap		12.1	9.0-19.0	
BUN/Creat Ratio		14.8	5.0-30.0	
Cholesterol		172	<200	mg/dL
Triglycerides		50	10-150	mg/dL
HDL Cholesterol		59	40-60	mg/dL
LDL Cholesterol (calc)		103	0-130	mg/dL
Chol/HDL Ratio		2.9	0.0-4.0	

SPECIAL CHEMISTRY

TSH		4.460	0.465-4.680	uIU/mL
-----	--	-------	-------------	--------

HEMATOLOGY

WBC	L	3.3	4.8-10.8	K/uL
NRBC%		0.0		%
RBC	L	4.00	4.20-5.40	M/uL
Hemoglobin	L	11.7	12.0-16.0	g/dL
Hematocrit		38.0	37.0-47.0	%
MCV		95.0	81.0-99.0	fL
MCH		29.3	27.0-31.0	pg

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical



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Name ORDAZ, LAZARA	Facility FCI Coleman Low	Collected 10/21/2020 13:44
Reg # 52247-066	Order Unit F02-123U	Received 10/22/2020 11:43
DOB 12/17/1958	Provider Karina Franco, MD	Reported 10/22/2020 14:34
Sex F		LIS ID 150204301

HEMATOLOGY

MCHC	L	30.8	32.0-37.0	g/dL
RDW-CV	H	15.4	11.5-14.5	%
Platelet		248	150-450	K/uL
MPV	H	11.6	7.4-10.4	fL
Neutrophils %		38.4		%
Therapeutic decision making should be based on absolute values, rather than percentages				
Lymphocytes %		52.0		%
Monocytes %		9.0		%
Eosinophils %		0.0		%
Basophils %		0.3		%
Immature Granulocytes %		0.3	0.0-5.0	%
Neutrophils #	L	1.3	1.4-6.9	K/uL
Lymphocytes #		1.7	1.2-3.4	K/uL
Monocytes #		0.3	0.1-0.6	K/uL
Eosinophils #		0.0	0.0-0.7	K/uL
Basophils #		0.0	0.0-0.2	K/uL
Immature Granulocytes #		0.01	0.00-0.50	10 ³ /uL

HEMOGLOBIN A1C

Hemoglobin A1C	5.6	<5.7	%
5.7 - 6.4 Increased Risk			
> 6.4 Diabetes			

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical



Report Status: Partial

ORDAZ, LAZARA

Patient Information	Specimen Information	Client Information
ORDAZ, LAZARA AGE: 61 Gender: F Fasting: N Phone: NG Patient ID: 52247-066	Specimen: TM549626M Requisition: 4129157 Collected: 09/29/2020 / 08:40 EDT Received: 10/02/2020 / 03:15 EDT Reported: 10/06/2020 / 07:07 EDT	Client #: 66002683 31LE999 NEGRON, IVAN L COLEMAN FCC-LOW 846 NE 54TH TERR COLEMAN, FL 33521

Test Name	In Range	Out Of Range	Reference Range	Lab
TEST IN QUESTION-				TP
MISC QUESTION				
QUESTION/PROBLEM:				

Please clarify the following specimen source/type submitted.

QUESTION: 4446 NO SOURCE

See Endnote 1

=====

TP

CULTURE, ANAEROBIC BACTERIA W/GRAM STAIN

Micro Number: 02055693
Test Status: Preliminary
Specimen Source: NOT GIVEN
Specimen Quality: Adequate
Gram Stain: Few Budding yeast with pseudohyphae seen
Few Gram negative bacilli
Rare epithelial cells
Few Budding yeast seen

Result: No anaerobes isolated to date, continuing incubation.

=====

TP

CULTURE, AEROBIC BACTERIA

Micro Number: 02055694
Test Status: Final
Specimen Source: NOT GIVEN
Specimen Quality: Adequate
Result: A mix of non-predominating organisms of questionable significance was recovered on culture and not further identified. (Note: Growth did not detect the presence of S.aureus, beta-hemolytic Streptococci or P.aeruginosa).

Endnote 1 REQUESTED INFORMATION _____

AUTHORIZED SIGNATURE _____

TO PREVENT FURTHER DELAYS IN TESTING, PLEASE COMPLETE INFORMATION ABOVE AND FAX TO 610-271-4823 TO RESOLVE THIS ORDER.

PERFORMING SITE:

TP QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE. TAMPA, FL 33617-2026 Laboratory Director: GLEN L. HORTIN, MD, PhD, CLIA: 10D0291120

CLIENT SERVICES: 866.697.8378

SPECIMEN: TM549626M

PAGE 1 OF 1

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*** Sensitive But Unclassified ***

Name ORDAZ, LAZARA

Reg # 52247-066

DOB

Sex F

Facility FCI Coleman Low

Order Unit

Provider Karina Franco, MD

Collected 03/09/2020 12:05

Received 03/10/2020 10:00

Reported 03/10/2020 12:49

LIS ID 070201327

CHEMISTRY

Sodium		139	137-148	mmol/L
Potassium	H	5.1	3.5-5.0	mmol/L
Chloride		105	99-114	mmol/L
CO2		27	22-30	mmol/L
BUN		14	7-22	mg/dL
Creatinine		1.03	0.52-1.04	mg/dL
eGFR (IDMS)		54		

GFR units measured as mL/min/1.73 m². If African American multiply by 1.210.

A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium		9.3	8.5-10.9	mg/dL
Glucose		94	70-110	mg/dL
AST		29	11-55	U/L
ALT		14	<35	U/L
Alkaline Phosphatase		103	41-133	U/L
Bilirubin, Total		0.3	0.2-1.3	mg/dL
Total Protein		7.2	6.0-8.2	g/dL
Albumin		3.9	3.6-5.1	g/dL
Globulin		3.3	2.0-3.7	g/dL
Alb/Glob Ratio		1.20	1.00-2.30	
Anion Gap	L	7.0	9.0-19.0	
BUN/Creat Ratio		13.8	5.0-30.0	

CHEMISTRY, URINE

Microalbumin, Urine Random	<0.6	mg/dL
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SPECIAL CHEMISTRY

T4, Free	1.26	0.78-2.19	ng/dL
TSH	2.090	0.465-4.680	uIU/mL

HEMATOLOGY

WBC	L	4.6	4.8-10.8	K/uL
NRBC%		0.0		%
RBC	L	3.93	4.20-5.40	M/uL
Hemoglobin	L	11.3	12.0-16.0	g/dL
Hematocrit		37.3	37.0-47.0	%
MCV		94.9	81.0-99.0	fL
MCH		28.8	27.0-31.0	pg
MCHC	L	30.3	32.0-37.0	g/dL

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical



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*** Sensitive But Unclassified ***

Name ORDAZ, LAZARA
Reg # 52247-066
DOB [REDACTED]
Sex F

Facility FCI Coleman Low
Order Unit
Provider Karina Franco, MD

Collected 03/09/2020 12:05
Received 03/10/2020 10:00
Reported 03/10/2020 12:49
LIS ID 070201327

HEMATOLOGY

RDW-CV	H	14.7	11.5-14.5	%
Platelet		246	150-450	K/uL
MPV	H	11.7	7.4-10.4	fL
Neutrophils %		61.1		%
Therapeutic decision making should be based on absolute values, rather than percentages				
Lymphocytes %		30.0		%
Monocytes %		8.1		%
Eosinophils %		0.0		%
Basophils %		0.4		%
Immature Granulocytes %		0.4	0.0-5.0	%
Neutrophils #		2.8	1.4-6.9	K/uL
Lymphocytes #		1.4	1.2-3.4	K/uL
Monocytes #		0.4	0.1-0.6	K/uL
Eosinophils #		0.0	0.0-0.7	K/uL
Basophils #		0.0	0.0-0.2	K/uL
Immature Granulocytes #		0.02	0.00-0.50	10 ³ /uL

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**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 01/09/2020 13:45

Sex: F Race: BLACK
Provider: Coleman, W. RN

Reg #: 52247-066
Facility: COL
Unit: F08

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Coleman, W. RN

Chief Complaint: Medical Trip Return

Subjective: Med Trip Return Orthopedist

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider	
01/09/2020	13:45	COX	98.2	36.8	Oral	Coleman, W. RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
01/09/2020	13:45	COX	61	Via Machine	Coleman, W. RN

Respirations:

Date	Time	Rate Per Minute	Provider
01/09/2020	13:45	COX	18 Coleman, W. RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
01/09/2020	13:45	COX	110/69			Coleman, W. RN

SaO2:

Date	Time	Value(%)	Air	Provider
01/09/2020	13:45	COX	99	Coleman, W. RN

ASSESSMENT:

No Significant Findings/No Apparent Distress

Med Trip Return Orthopedist. Received left shoulder steroid injection. Plan: gradual increase in activities to tolerance, home exercise program 3 times per week (exercise packet given to inmate); MRI left shoulder, F/U after diagnostic testing.

PLAN:

New Consultation Requests:

Consultation/Procedure	Target Date	Scheduled Target Date	Priority	Translator	Language
Orthopedist	04/10/2020	04/10/2020	Routine	No	

Subtype:

Off-site, non-surgical appt

Reason for Request:

Seen on 1/8/20 for left shoulder pain: received injection; Plan: MRI left shoulder; f/u after diagnostic testing

Disposition:

Follow-up at Sick Call as Needed

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 12/17/1958
 Encounter Date: 01/17/2020 07:50

Sex: F Race: BLACK
 Provider: Singleton, U. DPT

Reg #: 52247-066
 Facility: COL
 Unit: F08

ROM/strength:
 wnl

Gait:
 unremarkable

Balance/proprioception:
 not tested

Special Test:
 repeated trunk extension centralized low back pain
 lumbar support sitting decreased low back pain

Treatment:
 Home exercise instruction

ASSESSMENT:

M/S Impairment Assoc w/ Localized Inflammation

Assessment:

Pt. presents with intermittent low back pain that is aggravated with static positions. Insidious flare up of low back pain x 6 months. She did have decreased pain with repeated trunk extension and lumbar support sitting. Pt. may benefit from conservative treatment to include repeated movement and lumbar support sitting. She has been instructed in home exercise plan.

Pt. goal:
 To decrease pain and/or improve function

LTG:
 Pt. will be independent with home exercise plan

PLAN:

Disposition:

Follow-up in 1 Month

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/17/2020	Counseling	Diagnosis	Singleton, U.	Verbalizes Understanding
01/17/2020	Counseling	Compliance - Treatment	Singleton, U.	Verbalizes Understanding
01/17/2020	Counseling	Exercise	Singleton, U.	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Singleton, U. DPT on 01/22/2020 12:08

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth: -----
Encounter Date: 01/17/2020 07:50

Sex: F Race: BLACK
Provider: Singleton, U. DPT

Reg #: 52247-066
Facility: COL
Unit: F08

Physical Therapy - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Singleton, U. DPT

Chief Complaint: Back Pain

Subjective: Referral:

60 y/o female patient who is f/u for low back pain. Lumbar spine x ray: Moderate degenerative disc disease and facet arthropathy at L5-S1. Mild to moderate degenerative disc disease throughout the remainder of the lumbar spine from L1-L5, mild grade 1 anterolisthesis of L4-L5.

Subjective:

Pt. reports with c/o low back pain x 6 months. There is no known cause. She has increased pain with prolonged sitting. Diagnostic testing stated in referral. Current pain 7/10

Pt. Goal:

to decrease pain

Pain: Yes

Pain Assessment

Date: 01/17/2020 07:54
Location: Back-Lower
Quality of Pain: Aching
Pain Scale: 7
Intervention: evaluation
Trauma Date/Year:
Injury: activity and posture
Mechanism:
Onset: 2-6 Months
Duration: 2-6 Months
Exacerbating Factors: sitting
Relieving Factors: position change
Reason Not Done:
Comments:

OBJECTIVE:

Exam Comments

Observation:
posterior pelvic tilt, decreased lumbar lordosis

Palpation:
central low back pain

Red Flags/signs of infection:
no red flags

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth: -----	Sex: F Race: BLACK	Facility: COL
Note Date: 01/24/2020 11:58	Provider: Franco, Karina MD	Unit: F08

Review Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Franco, Karina MD

Chart review for Ortho consult
Left shoulder pain
AC joint dislocation
Patient received shoulder injection
needs f/u with MRI

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Radiology	02/07/2020	02/07/2020	Routine	No	

Subtype:

MRI - Routine - OFFSITE

Reason for Request:

61 y/o female patient Seen on 1/8/20 for left shoulder pain: received injection; Plan: MRI left shoulder; f/u after diagnostic testing.

Provisional Diagnosis:

left shoulder pain
dislocation AC joint
impingement syndrome of left shoulder

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Franco, Karina MD on 01/24/2020 12:04

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F Race: BLACK	Reg #: 52247-066
Date of Birth: -----	Provider: Singleton, U. DPT	Facility: COL
Encounter Date: 02/14/2020 07:30		Unit: F08

Physical Therapy - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Singleton, U. DPT

Chief Complaint: Back Pain

Subjective: Pt. reports that she still has pain, but not as bad as it use to be. She has pain 1 time per week

Pain: No

OBJECTIVE:

Exam Comments

Home exercise program review

ASSESSMENT:

M/S Impairment Assoc w/ Localized Inflammation

RESPONSE TO TX:

Pt. reports that she is feeling better and doing some of the exercises.

DEMONSTRATED/VERBALIZED UNDERSTANDING OF HEP:

intermittent compliance with home exercise

PROGRESS TOWARDS GOALS:

Pt. reports pain 1 time per week. She will benefit from compliance with ex plan. Progress as tol

PLAN:

Disposition:

Follow-up in 1 Month

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
02/14/2020	Counseling	Compliance - Treatment	Singleton, U.	Verbalizes Understanding
02/14/2020	Counseling	Exercise	Singleton, U.	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

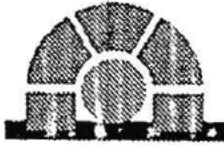
Completed by Singleton, U. DPT on 02/14/2020 07:36

From: 8882044535 Page: 2/10 Date: 1/8/2020 1:07:38 PM

Florida Musculoskeletal Institute
 910 Old Camp Road Bldg 110 Ste 112 THE VILLAGES FL 32162
 (352) 753-4366 (352) 728-2603

Patient Name	DOB	Age	Gender	Order #	MRN #
LAZARA ORDAZ		61 Yr. 0 Mo. 22 Days	Female	ORD 40688	37720
Address	Phone	Patient Provider	Date Printed		
PO BOX 386 HENDERSONVILLE TN Sumner 37077		Chelsy Fazio	01/08/2020		
Lab Reference #	Date Collected	Date Ordered	Time Reported		
	1/8/2020 1:39:24 PM	1/8/2020 1:39:23 PM			
Accession #	Receiving Facility	Fasting	Referred By		
		N			
Sample By					
Lab Comment	Lab Comment not Provided.				
Ordering Provider	NPI	Date Printed	Signature		
Chelsy Fazio	1942725098	08/01/2020 01:58 PM	CFazio		

From: 8882044535 Page: 7/10 Date: 1/8/2020 1:07:38 PM



FLORIDA
Musculoskeletal
INSTITUTE

910 Old Camp Rd Bldg 110 Suite 112
The Villages, FL 32161
(352) 753-4366

John A. Cowin, M.D.
Kersten S. Weher, D.P.M.

Carl O. Ollivierre, M.D.
Chelsy Fazio, ARNP, PNP-C

DIAGNOSTIC TESTS

Date	Test	Comment
1/8/2020 1:15:44 PM	X-RAY	
1/8/2020 1:39:23 PM	MRI	

X-ray LEFT SHOULDER: Grade III ac joint separation with mild degenerative changes. Moderate joint space narrowing.

From: 8882044535 Page: 6/10 Date: 1/8/2020 1:07:38 PM



FLORIDA
Musculoskeletal
INSTITUTE

910 Old Camp Rd Bldg 110 Suite 112
The Villages, FL, 32161
(352) 753-4366

John A. Cowin, M.D.
Kirsten S. Weber, D.P.M.

Carl O. Ollivierre, M.D.
Chelsy Fazio, ARNP, FNP-C

DIAGNOSIS

M25.512 Pain in left shoulder
S40.122D Dislocation of acromioclavicular joint, 100%-200% displacement, subs
S40.012A Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
M75.52 Bursitis of left shoulder
M75.42 Impingement syndrome of left shoulder

ORDERS THIS VISIT

Date	Test	Comment
1/8/2020 1:15:44 PM	X-RAY	
1/8/2020 1:39:23 PM	MRI	

PLAN

1. Gradual increase in activities to tolerance
2. Injection as above
3. MRI left shoulder.
4. Home exercise program 3 times per week, exercises enclosed. Please provide to patient so that she may keep at bedside.
5. 99213 OFFICE OUTPAT ESTABLISHED
73330 RADEX SHO COMPL MINIMUM 2 VIEWS
20310 ARTHROCENTESIS ASPIR& INJECTION MAJOR JT/BURSA
J1100 Dexamethasone sodium phos
6. Home Exercise Program - Rotator Cuff Strain
7. F/U: after diagnostic testing

C Fazio

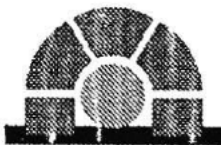
Chelsy Fazio ARNP
01/08/2020

Seen under the supervision of Dr Ollivierre

From: 8882044535

Page: 5/10

Date: 1/8/2020 1:07:38 PM



FLORIDA
Musculoskeletal
INSTITUTE

910 Old Camp Rd Bldg 110 Suite 112
The Villages, FL, 32161
(352) 753-4366

John A. Cowie, M.D.

Kirsten S. Weber, D.P.M.

Carl O. Olivierre, M.D.

Chelsy Fazio, ARNP, FNP-C

Oxcarbazepine 600mg tablet,
Sig: 1 tab qhs, Ref: 0
Verapamil hydrochloride 80mg
tablet, Sig: 1 tab bid, Ref: 0
Vitamin d 1000units tablet
1000IU, Sig: 1 tab qd, Ref: 0

Smoking Unknown if ever smoked
Status

ROS: A FULL REVIEW OF SYSTEMS HAS BEEN COMPLETED AND IS ON FILE
01/08/2020

PHYSICAL EXAM

MENTAL STATUS: Alert and oriented. Mood is calm and affect is appropriate.

Vitals Height: 5'7" Weight: 162 Temp: 98.6 BMI: 25.4

LEFT SHOULDER:

No erythema, edema, or ecchymosis.

Mild crepitus appreciated.

Mildly tender upon palpation of glenohumeral joint.

Significantly tender upon palpation of RC tendon insertion.

ROM with stiffness/discomfort during IR/ER, and above horizontal.

Sharp pain reproduced with elbow flexed and abducted from midline to 50°.

Nech's, Apley's, Cross-arm, Lift-off (+)

NVI.

PROCEDURES

SHOULDER INJECTION

The left shoulder was prepped in the usual sterile fashion, and 6cc's (3cc/dexamethasone and 3cc/bupivacaine with epi) were injected into the subacromial area.

The procedure was well tolerated and there were no complications.

The patient was cautioned to report any unusual signs including, but not limited to, severe pain, swelling and redness.

99213 OFFICE OUTPT ESTABLISHED

73030 RADEX SHO COMPL MINIMUM 2 VIEWS

20610 ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA

J1100 Dexamethasone sodium phos

From: 8882044535 Page: 4/10 Date: 1/8/2020 1:07:38 PM



FLORIDA
Musculoskeletal
INSTITUTE

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Chelsy Fazio, ARNP, FNP-C

This note was generated through speech recognition software and may contain errors due to phonetic misinterpretation.

FOLLOW-UP VISIT

NAME: LAZARA ORDAZ

DATE: 01/08/2020

ACCOUNT#: 37720

REFERRED BY:

AUTO ACCIDENT: No ☒ Yes ☐

AGE: 61 Years

LITIGATION: No ☒ Yes ☐

SEX: Female

CHIEF COMPLAINT:

Follow up left shoulder pain

PATIENT DATA:

- Patient continues to have pain but denies any new injury.
- She denies constant pain and states it's mostly with movement.

HPI:

1/0 LEFT SHOULDER PAIN. steroid injection from previous visit was very effective until about a month or so ago. Patient continues to experience a grinding sensation in the shoulder and is unable to lay on the affected side. Notes weakness and limited range of motion secondary to aching discomfort. She also reports frequent sharp, stabbing pain with position changes. Interested in a steroid injection today.

MEDICAL HISTORY:

Surgical: Shoulder Surgery : left 2008

Social History: Alcohol - Unknown
Employment: Full Time
Marital Status: Single

Medical: Shoulder Injury
Dry Eye
Hypothyroidism
Hypertension

Family History: .Parents: Father-Deceased: Father
.Parents: Mother-Deceased: Mother
Diabetes
Back Problems

Meds: Ferrous gluconate 325mg
tablet 325mg, Sig: 1 tab qd,
Ref: 0
Levothyroxine sodium 75mcg
tablet, Sig: 1 tab qd, Ref: 0
Meloxicam 7.5mg tablet, Sig: 1
tab qd, Ref: 0

Allergies: ..No Known Drug Allergies

LAZARA ORDAZ, DOB: 1

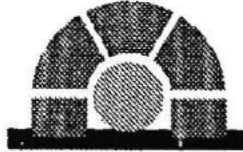
Page 1 of 4

From: 8862044535

Page: 3/10

Date: 1/8/2020 1:07:38 PM

52247-0666



FLORIDA
Musculoskeletal
INSTITUTE

RADIOLOGY ORDER - MRI

John A. Cowin, MD

Carl G. Olivierre, MD, FACS

Chelsy Fazio, ARNP

Karsten Weber, DPM

Date: 01/08/2020

Exam Date:

FACILITY:

PATIENT NAME: LAZARA ORDAZ

Date of Birth:

Contact Address: PO BOX 386

CSZ: HENDERSONVILLE TN 37077

ACCOUNT #: 37720

SS#:

Primary Insurance: HEALTH COST SOLUTIONS

Phone:

Primary: SDF

Plan:

Subscriber ID:

Primary

Subscriber

Group:

Secondary

Secondary

Insurance Plan:

Subscriber ID:

Secondary

Subscriber

Group:

Height: 5'7"

Weight: 162

REASON FOR EXAM: Follow up left shoulder pain

EXAM:

DIAGNOSIS:

M25.512 Pain in left shoulder

S43.122D Dislocation of I acro nioclav jt, 100%-200% displacmnt, subs

S46.012A Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter

M75.52 Bursitis of left shoulder

M75.42 Impingement syndrome of left shoulder

THE VILLAGES
910 Old Camo Road
Bldg. 110, Suite 112
The Villages, FL 32162
352-753-4366
FAX: 352-753-5681

WORKERS' HEALTH CENTERS
The Villages: 352-753-6566
FAX: 352-753-6371

EXAMINATION: MRI LEFT SHOULDER without contrast

APPOINTMENT DATE:

APPOINTMENT TIME:

CFazio

Chelsy Fazio
ARNP

01/08/2020

LAZARA ORDAZ

Page 1 of

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth:	Sex: F Race: BLACK	Facility: COL
Note Date: 12/17/2020 11:03	Provider: Festa, M. APRN	Unit: F01

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Festa, M. APRN

Patient was seen within 24 hours by other medical staff, the documentation of patient assessments is in the paper roster flow sheet that is kept by the IDC at the institution. Inmate has remained in quarantine with daily assessment that includes temperatures and signs/symptoms. As per the staff member who performed the assessment within 24 hours and the documented in the paper flow sheet his temperature was 96 F. She has 2 negative RT-PCR test, including one quest test and 14 days of negative CDC symptoms. Furthermore, the inmate does not have any of the following CDC symptoms related to COVID-19 disease that include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea. The inmate had daily temperatures screening during the quarantine period that were within normal limits as per the paper roster flow sheets. The inmate has been asymptomatic during the quarantine period as per the paper roster flowsheets. Therefore, as per the Clinical Director designee (Dr. Negron) this inmate is cleared from medical Standpoint

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Festa, M. APRN on 12/17/2020 11:04

Requested to be cosigned by Negron, Ivan MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 12/07/2020 12:00

Sex: F Race: BLACK
Provider: Gopal, Swapna APRN

Reg #: 52247-066
Facility: COL
Unit: F01

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Gopal, Swapna APRN

Chief Complaint: Skin Problem

Subjective: 61 yr old presents to the clinic with c/o rash on left arm and on abdomen, hx of eczema. Inmate reports usually when she is in stress she gets rash, previously she took steroids. She c/o that rash is itchy and red. DENies any other complaints. Denies any allergy. DENies sob,cough,chest pain and cough

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
12/07/2020	17:20 COX	97.2	36.2		Gopal, Swapna APRN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
12/07/2020	17:20 COX	85			Gopal, Swapna APRN

Respirations:

Date	Time	Rate Per Minute	Provider
12/07/2020	17:20 COX	18	Gopal, Swapna APRN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
12/07/2020	17:20 COX	110/73				Gopal, Swapna APRN

SaO2:

Date	Time	Value(%)	Air	Provider
12/07/2020	17:20 COX	98		Gopal, Swapna APRN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Comments

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 12/07/2020	Provider: Gopal, Swapna APRN	Facility: COL	Unit: F01
Encounter Date: 12/07/2020 12:00			

Left arm has erythematous, hives, pruritic and also on left side of the abdomen has pruritic erythematous, hives present.

ASSESSMENT:

Dermatitis/eczema due to unspecified cause, 692.9 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	MethylPREDNISolone Tab 4 MG (Dose Pack 21 tab)	12/07/2020 12:00
	<u>Prescriber Order:</u> use as directed Orally -four times a day x 6 day(s)	
	Indication: Dermatitis/eczema due to unspecified cause	
	Start Now: Yes	
	Night Stock Rx#: 1019966-cox	
	Source: Night Stock	
	Admin Method: Self Administration	
	Stop Date: 12/13/2020 11:59	
	MAR Label: day(s)	
	One Time Dose Given: No	

Disposition:

Follow-up at Sick Call as Needed

Other:

use Medrol dose pack as directed and f/uy if rash noit getting better.
Practice stress reduction techniques like yoga, meditation and deep breathing exercises.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/07/2020	Counseling	New Medication	Gopal, Swapna	Verbalizes Understanding
12/07/2020	Counseling	Plan of Care	Gopal, Swapna	Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Gopal, Swapna APRN on 12/07/2020 17:31

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 10/02/2020 15:27

Sex: F Race: BLACK
Provider: Criswell, Linda PA-C

Reg #: 52247-066
Facility: COL
Unit: F16

Mid Level Provider - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Criswell, Linda PA-C

Chief Complaint: Upper Extremity Pain

Subjective: returns from trip for MRI of shoulder.

Pain: Not Applicable

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
10/02/2020	15:26	COX	96.2	35.7	Criswell, Linda PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
10/02/2020	15:26	COX	72		Criswell, Linda PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
10/02/2020	15:26	COX	12 Criswell, Linda PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
10/02/2020	15:26	COX	95/54			Criswell, Linda PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
10/02/2020	15:26	COX	99	Criswell, Linda PA-C

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR)

ASSESSMENT:

Shoulder (pain in joint, shoulder region), 719.41 - Current

PLAN:

Disposition:

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 09/29/2020 09:09

Sex: F Race: BLACK
 Provider: Franco, Karina MD

Reg #: 52247-066
 Facility: COL
 Unit: F16

Exam:**Neck****General**

Yes: Within Normal Limits, Supple, Symmetric

Pulmonary**Auscultation**

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Exam Comments

some purulent drainage noted
 culture was taken

ASSESSMENT:

Cutaneous abscess, unspecified, L0291 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Amoxicillin Capsule	09/29/2020 09:09
	<u>Prescriber Order:</u> 500 Orally - three times a day x 7 day(s)	
	Indication: Cutaneous abscess, unspecified	
	Start Now: Yes	
	Night Stock Rx#: 1007416-cox	
	Source: Night Stock	
	Admin Method: Self Administration	
	Stop Date: 10/06/2020 09:08	
	MAR Label: day(s)	
	One Time Dose Given: No	

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-Culture, Wound/Abscess	One Time	09/29/2020 00:00	Today
Additional Information:			
tongue			
Lab personnel verbally notified of a priority order of Today or Stat			

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/29/2020	Counseling	Access to Care	Franco, Karina	Verbalizes Understanding

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F Race: BLACK	Reg #: 52247-066
Date of Birth:	Provider: Franco, Karina MD	Facility: COL
Encounter Date: 09/29/2020 09:09		Unit: F16

Consultation - Initial visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Franco, Karina MD

Chief Complaint: Open Wound(s)

Subjective: Female patient who is c/o a mass on her tongue with 3 days evolution, she notice some drainage and is painful, she states the same happen to her before when she had done a piercing. She denies any difficulty passing the food, no sob, no fever, no cough or any other symptoms.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/29/2020	13:28 COX	98.0	36.7		Franco, Karina MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/29/2020	13:28 COX	59			Franco, Karina MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/29/2020	13:28 COX	14	Franco, Karina MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/29/2020	13:28 COX	118/76				Franco, Karina MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
09/29/2020	13:28 COX	100		Franco, Karina MD

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

Mouth

General

Yes: Within Normal Limits

Mucosa

Yes: Within Normal Limits

Tongue

Yes: Growth/Mass(es), Evidence of Piercing

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth: -----
Encounter Date: 09/24/2020 08:44

Sex: F Race: BLACK
Provider: Franco, Karina MD

Reg #: 52247-066
Facility: COL
Unit: F16

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Franco, Karina MD

Chief Complaint: Chronic Care Clinic

Subjective: 61 y/o female patient who is for her CCC

Patient has history of anemia, hypothyroidism, HTN, sciatic, vertigo, vitamin D deficiency and depression. Today she is c/o wake up at night several times, her roommate said she snores a lot lately and she is feeling very tired during the day, she is also c/o bilateral knee pain. She is taking all her medication without any side effects. Last labs from 3/2020 TSH WNL, CMP GFR 54, MICRO WNL, CBC HGB 11.3. Patient denies any SOB, chest pain, abdominal pain, diarrhea, constipation, depression, hallucinations, suicidal ideations or any other symptoms.

Pain: No

Seen for clinic(s): Endocrine/Lipid, Gastrointestinal, General, Hypertension, Orthopedic/Rheumatology

ROS:

General

Constitutional Symptoms

Yes: Fatigue

No: Anorexia, Chills, Easily Tired, Fever

Cardiovascular

General

Yes: Within Normal Limits

No: Angina, Cold Extremities, Cough, Edema

Pulmonary

Respiratory System

Yes: Within Normal Limits

No: Cough - Dry, Cough - Productive, Dyspnea, Hx Asthma

Endocrine

General

Yes: Within Normal Limits

No: Hair Changes, Palpitations, Polydipsia, Polyphagia, Polyuria

Psychiatric

General

Yes: Within Normal Limits

No: Mood Impaired, Anxious, Panic Attacks, Sleep Impaired, Energy Impaired

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
09/24/2020	08:51 COX	96.9	36.1		Franco, Karina MD

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
09/24/2020	08:51 COX	66			Franco, Karina MD

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 09/24/1977
 Encounter Date: 09/24/2020 08:44

Sex: F Race: BLACK
 Provider: Franco, Karina MD

Reg #: 52247-066
 Facility: COL
 Unit: F16

Exam:

Yes: Appropriate

Thought Content

Yes: Within Normal Limits, Appropriate, Goal Directed

No: Compulsive, Obsessive, Phobias, Anxious

ASSESSMENT:

Anemia, unspecified, 285.9 - Current

Hypertension, Unspecified essential, 401.9 - Current

Hypothyroidism unspecified, 244.9 - Current

Sciatica, 724.3 - Current

Adjustment disorder, F4320 - Current

Vertigo of central origin, H8149 - Current

Vitamin D deficiency, E559 - Current

PLAN:**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
961108-COX	Ferrous Gluconate 324 (5 GR) MG Tab	09/24/2020 08:44

Prescriber Order: Take one tablet by mouth each day with food x 365 day(s)

Indication: Anemia, unspecified

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	04/01/2021 00:00	Routine
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-T4, Free			
Lab Tests - Short List-General-Comprehensive			
Metabolic Profile (CMP)			

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Knee-2 View AP/Lat	One Time		10/08/2020	Routine
[Bi]				

Specific reason(s) for request (Complaints and findings):

bilateral knee pain

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Specialty Procedure - In house	10/08/2020	10/08/2020	Routine	No	

Subtype:

Sleep Study

Reason for Request:

61 y/o female patient who is c/o wake up many times at night, she snores a lot and feels very tired, she has history of HTN

Provisional Diagnosis:

R/O SLEEP APNEA

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
-----------------	-----------------------	---------------------------

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: -----	Provider: Franco, Karina MD	Facility: COL	Unit: F16
Encounter Date: 09/24/2020 08:44			

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
-------------	-------------	------------------------	-----------------	---------------	-----------------

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/24/2020	08:51 COX	106/69				Franco, Karina MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
09/24/2020	08:51 COX	99		Franco, Karina MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
09/24/2020	08:51 COX	158.0	71.7		Franco, Karina MD

Exam:**General****Appearance**

Yes: Appears Well, Alert and Oriented x 3

Head**General**

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

Neck**General**

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Pulmonary**Auscultation**

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Peripheral Vascular**Legs**

No: Homan's Sign, Calf Tenderness, Pitting Edema, Non-pitting edema

Abdomen**Palpation**

Yes: Within Normal Limits, Soft

No: Guarding, Rigidity, Tenderness on Palpation

Neurologic**Cranial Nerves (CN)**

Yes: Within Normal Limits, CN 2-12 Intact Grossly

Mental Health**Grooming/Hygiene**

Yes: Appropriate Grooming

Affect

Yes: Appropriate

Mood

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth: [REDACTED]	Sex: F Race: BLACK	Facility: COL
Note Date: 09/23/2020 14:35	Provider: Franco, Karina MD	Unit: F16

Review Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Franco, Karina MD

Chart review for optometry consult
HTN and Cataracts OU
f/u in 12 months

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Optometry	09/01/2021	09/01/2021	Routine	No	
Subtype:					
Onsite					
Reason for Request:					
Chart review for optometry consult					
HTN and Cataracts OU					
f/u in 12 months					

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Franco, Karina MD on 09/23/2020 14:36

Inmate Name: ORDAZ, LAZARA
 Date of Birth: -----
 Encounter Date: 09/02/2020 11:28

Sex: F Race: BLACK
 Provider: Franco, Karina MD

Reg #: 52247-066
 Facility: COL
 Unit: F16

Exam:**Auscultation**

Yes: Clear to Auscultation
 No: Crackles, Rhonchi, Wheezing

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2
 No: M/R/G

Abdomen**Palpation**

Yes: Within Normal Limits, Soft
 No: Guarding, Rigidity, Tenderness on Palpation

Mental Health**Grooming/Hygiene**

Yes: Appropriate Grooming

Affect

Yes: Appropriate

Mood

Yes: Appropriate

ASSESSMENT:

Anemia, unspecified, 285.9 - Current
 Headache, 784.0 - Current
 Hypertension, Unspecified essential, 401.9 - Current
 Hypothyroidism unspecified, 244.9 - Current
 Adjustment disorder, F4320 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	FLUoxetine HCl Capsule	09/02/2020 11:28
	<u>Prescriber Order:</u> 10mg Orally - daily x 180 day(s)	
	Indication: Adjustment disorder	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
961112-COX	Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (1000 UNIT) by mouth each day x 365 day(s)	
	Indication: Vitamin D deficiency	
989743-COX	LevoTHYROXINE Sodium 75 MCG Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism x 180 day(s)	
	Indication: Hypothyroidism unspecified	
989744-COX	Meloxicam 7.5 MG Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (7.5 MG) by mouth each day with food (objective findings) x 180 day(s)	

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 09/02/2020	Provider: Franco, Karina MD	Facility: COL	Unit: F16
Encounter Date: 09/02/2020 11:28			

Physician - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Franco, Karina MD

Chief Complaint: Headache

Subjective: 61 y/o female patient who is c/o frequent headaches in the last few weeks, she admits been down lately, she is been losing weight also. She denies any sob, chest pain, abdominal pain, diarrhea, anxiety, suicidal ideations or any other symptoms.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/02/2020	11:36 COX	96.5	35.8		Franco, Karina MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/02/2020	11:36 COX	59			Franco, Karina MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/02/2020	11:36 COX	16	Franco, Karina MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/02/2020	11:36 COX	123/79				Franco, Karina MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
09/02/2020	11:36 COX	100		Franco, Karina MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
09/02/2020	11:36 COX	158.3	71.8		Franco, Karina MD

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

Neck

General

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Pulmonary

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 08/10/2020 14:24

Sex: F Race: BLACK
Provider: Weltri, Mary ARNP

Reg #: 52247-066
Facility: COL
Unit: F16

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Weltri, Mary ARNP

Chief Complaint: INFECTIOUS DISEASE

Subjective: This inmate was placed in isolation on 07/16/2020 to CAMP Level F4 facility due to positive documentation of COVID symptoms and COVID 19 testing via rapid test on 07/16/2020 was positive. She was entered into isolation on 07/16/2020. She has remained in isolation for a total of 25 days. She is now being evaluated for discharge from isolation. She does not have any of the following CDC symptoms related to COVID 19 disease that include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea. The inmate had temperatures and Pulse oxygenations for the last 25 days that were within normal limits. The inmate has been asymptomatic for 10 days or more, fever has been WNL for more than 24 hours and has not taken any fever reducing medications, and has had improvement and resolution of all symptoms.

Pain: Not Applicable

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
08/10/2020	14:26 COX	96.9	36.1		Weltri, Mary ARNP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
08/10/2020	14:26 COX	84			Weltri, Mary ARNP

Respirations:

Date	Time	Rate Per Minute	Provider
08/10/2020	14:26 COX	18	Weltri, Mary ARNP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/10/2020	14:26 COX	120/86				Weltri, Mary ARNP

SaO2:

Date	Time	Value(%)	Air	Provider
08/10/2020	14:26 COX	98		Weltri, Mary ARNP

Exam:

General

Appearance

Yes: Appears Well

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Auscultation

Yes: Clear to Auscultation

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 09/02/2020	Provider: Franco, Karina MD	Facility: COL	Unit: F16
Encounter Date: 09/02/2020 11:28			

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Indication: Low back pain, lumbago, Sciatica	
989745-COX	OXcarbazepine 600 MG Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth every night at bedtime (pain) x 180 day(s)	
	Indication: Low back pain, lumbago, Sciatica	
989746-COX	Verapamil HCl 80 MG Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth twice daily to control blood pressure x 180 day(s)	
	Indication: Hypertension, Unspecified essential	
933502-COX	hydroCHLOROthiazide 25 MG Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (25 MG) by mouth each day x 180 day(s)	
	Indication: Vertigo of central origin	

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-V-Vitamin D (Calcitriol) 1,25-Dihydroxy	One Time	09/18/2020 00:00	Routine

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/02/2020	Counseling	Access to Care	Franco, Karina	Verbalizes Understanding
09/02/2020	Counseling	Plan of Care	Franco, Karina	Verbalizes Understanding

Copoly Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Franco, Karina MD on 09/02/2020 11:59

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: -----	Provider: Weltri, Mary ARNP	Facility: COL	Unit: F16
Encounter Date: 08/10/2020 14:24			

Exam:**Cardiovascular****Observation**

Yes: Within Normal Limits

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

ROS Comments**ROS:**

General Constitutional Symptoms No: Anorexia, Chills

HEENT Eyes Yes: Within Normal Limits

Cardiovascular General Yes: Within Normal Limits

Pulmonary Respiratory System Yes: Within Normal Limits

GI General Yes: Within Normal Limits

GU General Yes: Within Normal Limits

Exam Comments

General: Affect Pleasant and cooperative.

Skin: WNL Dry and intact.

Head: Symmetry of motor function, Atraumatic/Normocephalic

PERRLA, normal consensual reaction, normal near reaction

Neck: WNL, supple, symmetric, trachea midline.

Pulmonary: Thorax: Inspection WNL with normal thoracic expansion, normal diaphragmatic excursion, Clear to auscultation without crackles, rhonchi, wheezing, or pleural rub. Normal expiratory flow on auscultation.

Cardiovascular: Observation WNL. Normal Rate, Regular Rhythm without tachycardia, bradycardia, irregular rhythm, or cardiopulmonary distress. Auscultation: Regular Rate and

ASSESSMENT:

Confirmed case COVID-19, U07.1 - Current

PLAN:**Disposition:**

Discharged to Housing Unit with Convalescence

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/10/2020	Counseling	Plan of Care	Weltri, Mary	Verbalizes Understanding
COVID 19 + Signs and Symptoms resolved Isolation greater than 10 days Return to Unit				

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Weltri, Mary ARNP on 08/10/2020 14:33

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth: 06/17/1977	Sex: F Race: BLACK	Facility: COL
Note Date: 07/17/2020 13:21	Provider: Criswell, Linda PA-C	Unit: F16

Admin Note - Orders encounter performed at Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Criswell, Linda PA-C
seen in isolation unit. continues to report vertigo.

ASSESSMENTS:

Other peripheral vertigo, H81399 - Current

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Meclizine HCl Tablet	07/17/2020 13:21
	<u>Prescriber Order:</u> one Orally - Two Times a Day x 10 day(s)	
	Indication: Other peripheral vertigo	

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Criswell, Linda PA-C on 07/17/2020 13:22

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth: 07/16/2020
Encounter Date: 07/16/2020 12:58

Sex: F Race: BLACK
Provider: Franco, Karina MD

Reg #: 52247-066
Facility: COL
Unit: F16

Physician - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Franco, Karina MD

Chief Complaint: No Complaint(s)

Subjective: Female patient who is for evaluation due to positive COVID 19 rapid test. Patient is without any complains. She denies any sob, chest pain, abdominal pain, diarrhea, constipation, blood in stools, chills, fever or any other symptoms.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/16/2020	12:59 COX	98.2	36.8		Franco, Karina MD

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/16/2020	12:59 COX	77			Franco, Karina MD

Respirations:

Date	Time	Rate Per Minute	Provider
07/16/2020	12:59 COX	14	Franco, Karina MD

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/16/2020	12:59 COX	105/73				Franco, Karina MD

SaO2:

Date	Time	Value(%)	Air	Provider
07/16/2020	12:59 COX	99		Franco, Karina MD

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

Neck

General

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Pulmonary

Auscultation

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 07/11/2020 13:09

Sex: F Race: BLACK
Provider: Pippin, J. RN

Reg #: 52247-066
Facility: COL
Unit: F01

Injury Assessment - Non-work related encounter performed at Housing Unit.

SUBJECTIVE:

INJURY 1 Provider: Pippin, J. RN

Date of Injury: 07/11/2020 12:45 **Date Reported for Treatment:** 07/11/2020 13:10

Work Related: No **Work Assignment:** C PM FS, C UNIC DC1

Pain Location:

Pain Scale: 0

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

In the hallway walking to inmates cubicle

Cause of Injury (Inmate's Statement of how injury occurred):

inmates stated she was taking a shower and started to feel dizzy. She started walking to her cubicle and she stated she passed out.

Symptoms (as reported by inmate):

dizziness

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/11/2020	13:12 COX	96.5	35.8		Pippin, J. RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/11/2020	13:12 COX	83			Pippin, J. RN

Respirations:

Date	Time	Rate Per Minute	Provider
07/11/2020	13:12 COX	16	Pippin, J. RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/11/2020	13:12 COX	91/52				Pippin, J. RN

SaO2:

Date	Time	Value(%)	Air	Provider
07/11/2020	13:12 COX	98	Room Air	Pippin, J. RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 07/16/2020	Provider: Franco, Karina MD	Facility: COL	Unit: F16
Encounter Date: 07/16/2020 12:58			

Exam:**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

ASSESSMENT:

Confirmed case COVID-19, U07.1 - Current

PLAN:**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Asymptomatic Novel Coronavirus	One Time	07/22/2020 00:00	Routine

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Chest-2 Views	One Time		07/17/2020	Routine

Specific reason(s) for request (Complaints and findings):

covid19+

Disposition:

Follow-up Daily

Placed In Isolation

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/16/2020	Counseling	Access to Care	Franco, Karina	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Franco, Karina MD on 07/16/2020 13:03

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 07/11/2020 13:09

Sex: F Race: BLACK
 Provider: Pippin, J. RN

Reg #: 52247-066
 Facility: COL
 Unit: F01

Exam:

No: Lethargic, Obtunded, Stuporous, Comatose, Dyspneic, Appears in Pain

Skin**General**

Yes: Within Normal Limits, Skin Intact

Head**General**

Yes: Symmetry of Motor Function

Eyes**General**

Yes: PERRLA

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits

Peripheral Vascular**General**

Yes: Within Normal Limits

Abdomen**Inspection**

Yes: Within Normal Limits

Gastrointestinal**General**

Yes: Within Normal Limits

ASSESSMENT:

Fainting

HSU received a phone call stating that inmate had passed out while walking from the shower in her unit to her cubicle. Once medical arrived inmate had already been brought down to the HSU and walked back to the examination room. Inmate stated she suffers from vertigo and she while she was in the shower she started feeling dizzy and attempted to walk back to her cubicle. Inmate was unsure if she lost consciousness or if she hit her head. Inmate stated her head did not hurt and she did not think that she hit her head.

Inmate is A&O x3 with no complaints of dizziness at this time. No bruises or lacerations on her head, skin is WNL, lungs clear bilaterally.

MD on call was notified of incident and requested an EKG which showed inmate in Normal Sinus rhythm.

PLAN:**Disposition:**

Follow-up at Sick Call as Needed
 Return Immediately if Condition Worsens

Patient Education Topics:

Date Initiated Format

Handout/Topic

Provider

Outcome

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 07/11/2020 13:09

Sex: F Race: BLACK
 Provider: Pippin, J. RN

Reg #: 52247-066
 Facility: COL
 Unit: F01

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/11/2020	Counseling	Preventive Health	Pippin, J.	Verbalizes Understanding
Inmate educated on getting up slowly				
07/11/2020	Counseling	Access to Care	Pippin, J.	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Li, Richard MD
Telephone or Verbal order read back and verified.

Completed by Pippin, J. RN on 07/11/2020 13:29
 Requested to be cosigned by Li, Richard MD.
 Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 07/10/2020 10:36

Sex: F Race: BLACK
Provider: Criswell, Linda PA-C

Reg #: 52247-066
Facility: COL
Unit: F01

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Criswell, Linda PA-C

Chief Complaint: Other Problem

Subjective: States she has been losing weight for past month. currently weighs 158 which is what she weighed last Sept. Then went up to 163 in Oct. Doesn't know if she ever weighed more but states he clothes are looser and she has no appetite over past months. TSH was normal in march. Still on same dose. Also on iron but states she doesn't always take it and doesn't think it affects her appetite. Also denies depression. Denies stomach pain. BM's are normal.

Also having worse vertigo - used to be on meclizine a lot which did help but then it was not approved a second time.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/10/2020	10:40 COX	96.6	35.9		Criswell, Linda PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/10/2020	10:40 COX	68			Criswell, Linda PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
07/10/2020	10:40 COX	12	Criswell, Linda PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
07/10/2020	10:40 COX	100		Criswell, Linda PA-C

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/10/2020	10:56 COX	158.0	71.7		Criswell, Linda PA-C

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR)

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth:	Sex: F Race: BLACK	Facility: COL
Note Date: 07/08/2020 10:35	Provider: Bailey, S. IOP/IDC/RN	Unit: F01

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Bailey, S. IOP/IDC/RN
admin note for covid test orders

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Asymptomatic Novel Coronavirus	One Time	07/08/2020 00:00	Today

Lab personnel verbally notified of a priority order of Today or Stat

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Bailey, S. IOP/IDC/RN on 07/08/2020 10:37

Requested to be cosigned by Franco, Karina MD.

Cosign documentation will be displayed on the following page.

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 07/10/2020
 Encounter Date: 07/10/2020 10:36

Sex: F Race: BLACK
 Provider: Criswell, Linda PA-C

Reg #: 52247-066
 Facility: COL
 Unit: F01

ASSESSMENT:

Anemia, unspecified, 285.9 - Current
 Abnormal weight loss, R634 - Current
 Vertigo of central origin, H8149 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Medizine HCl Tablet	07/10/2020 10:36
	<u>Prescriber Order:</u> 25 mg Orally - daily PRN x 180 day(s) -- take once a day as needed for vertigo	
	Indication: Vertigo of central origin	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
961108-COX	Ferrous Gluconate 324 (5 GR) MG Tab	07/10/2020 10:36
	<u>Prescriber Order:</u> Take one tablet by mouth each day with food	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: Not Indicated	
	Indication:	

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Weight	Weekly	90 days		Criswell, Linda PA-C
	Order Date:	07/10/2020		

Other:

1. weight loss : unclear if she has actually lost weight - should come once a week for weight; last TSH; labs due in Sept. Unsure why she has no appetite. Will stop iron as hgb not changing anyway and she doesn't take it that much.
2. vertigo - will request again

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/10/2020	Counseling	Plan of Care	Criswell, Linda	Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Criswell, Linda PA-C on 07/10/2020 10:58

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth:	Sex: F Race: BLACK	Facility: COL
Note Date: 04/02/2020 14:00	Provider: Franco, Karina MD	Unit: F08

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Franco, Karina MD

Chart review for medication refill

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
965511-COX	Meloxicam 7.5 MG Tab	04/02/2020 14:00
	<u>Prescriber Order:</u> Take one tablet (7.5 MG) by mouth each day with food (objective findings) x 180 day(s)	
	<u>Indication:</u> Low back pain, lumbago, Sciatica	
961111-COX	Verapamil HCl 80 MG Tab	04/02/2020 14:00
	<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth twice daily to control blood pressure x 180 day(s)	
	<u>Indication:</u> Hypertension, Unspecified essential	
961109-COX	LevoTHYROXINE Sodium 75 MCG Tab	04/02/2020 14:00
	<u>Prescriber Order:</u> Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism x 180 day(s)	
	<u>Indication:</u> Hypothyroidism unspecified	
961110-COX	OXcarbazepine 600 MG Tab	04/02/2020 14:00
	<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth every night at bedtime (pain) x 180 day(s)	
	<u>Indication:</u> Low back pain, lumbago, Sciatica	

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	09/18/2020 00:00	Routine
Lab Tests - Short List-General-Lipid Profile			
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-Hemoglobin A1C			
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)			

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Franco, Karina MD on 04/02/2020 14:05

Complex: TAL--TALLAHASSEE FCI
Inmate: ORDAZ, LAZARA

Begin Date: 03/10/2020
Reg #: 52247-066

End Date: 03/10/2021
Quarter: D11-039L

Active Prescriptions

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 1032126-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 1009569-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 03/01/21 **D/C:** 02/25/21 **Pharmacy Dispensings:** 180 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 1032127-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 961109-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/25/19 **Exp:** 03/23/20 **Pharmacy Dispensings:** 157 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 989743-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 04/03/20 **Exp:** 09/30/20 **D/C:** 09/02/20 **Pharmacy Dispensings:** 180 TAB in 180 days

Meclizine HCl 12.5 MG Tab

Take one tablet (12.5 MG) by mouth twice daily for 10 days

Rx#: 1004479-COX **Doctor:** Criswell, Linda PA-C

Start: 07/20/20 **Exp:** 07/30/20 **Pharmacy Dispensings:** 20 TAB in 10 days

Meloxicam 7.5 MG Tab

Take one tablet (7.5 MG) by mouth each day with food (objective findings)

Rx#: 1009570-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 03/01/21 **D/C:** 01/08/21 **Pharmacy Dispensings:** 120 TAB in 180 days

Meloxicam 15 MG Tab

Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine**

Rx#: 1029860-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 02/04/21 **Exp:** 08/03/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 67 TAB in 180 days

Meloxicam 7.5 MG Tab

Take one tablet (7.5 MG) by mouth each day with food (objective findings)

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: TAL--TALLAHASSEE FCI
Inmate: ORDAZ, LAZARA

Begin Date: 03/10/2020
Reg #: 52247-066

End Date: 03/10/2021
Quarter: D11-039L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Acetaminophen 325 MG Tab

Take two tablets (650 MG) by mouth twice daily AS NEEDED -ccc- w/objective findings

Rx#: 1027387-COX **Doctor:** Bonnet-Engbretson, Leonor MD

Start: 01/19/21 **Exp:** 02/18/21 **Pharmacy Dispensings:** 120 TAB in 30 days

Amoxicillin 500 MG Cap

Take one capsule (500 MG) by mouth three times daily for 7 days until all taken

Rx#: 1007416-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/29/20 **Exp:** 10/06/20 **Pharmacy Dispensings:** 21 CAP in 7 days

Ferrous Gluconate 324 (5 GR) MG Tab

Take one tablet by mouth each day with food

Rx#: 1012071-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/24/20 **Exp:** 09/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 210 TAB in 365 days

Ferrous Gluconate 324 (5 GR) MG Tab

Take one tablet by mouth each day with food

Rx#: 961108-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/25/19 **Exp:** 09/24/20 **D/C:** 07/10/20 **Pharmacy Dispensings:** 300 TAB in 365 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file *

Rx#: 1009617-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 03/01/21 **D/C:** 02/25/21 **Pharmacy Dispensings:** 180 CAP in 180 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 1032125-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 CAP in 180 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day

Rx#: 1009568-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 03/01/21 **D/C:** 02/25/21 **Pharmacy Dispensings:** 180 TAB in 180 days

Complex: TAL--TALLAHASSEE FCI
Inmate: ORDAZ, LAZARA

Begin Date: 03/10/2020
Reg #: 52247-066

End Date: 03/10/2021
Quarter: D11-039L

Active Prescriptions

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 1032129-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 74 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 961111-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/25/19 **Exp:** 03/23/20 **Pharmacy Dispensings:** 314 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 989746-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 04/03/20 **Exp:** 09/30/20 **D/C:** 09/02/20 **Pharmacy Dispensings:** 360 TAB in 180 days

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab

Take one tablet (1000 UNIT) by mouth each day

Rx#: 1009567-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 09/02/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 240 TAB in 365 days

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab

Take one tablet (1000 UNIT) by mouth each day

Rx#: 961112-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/25/19 **Exp:** 09/24/20 **D/C:** 09/02/20 **Pharmacy Dispensings:** 365 TAB in 365 days

Complex: TAL--TALLAHASSEE FCI
Inmate: ORDAZ, LAZARA

Begin Date: 03/10/2020
Reg #: 52247-066

End Date: 03/10/2021
Quarter: D11-039L

Active Prescriptions

Rx#: 965511-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 10/25/19 **Exp:** 04/22/20 **D/C:** 04/03/20 **Pharmacy Dispensings:** 180 TAB in 180 days

Meloxicam 7.5 MG Tab

Take one tablet (7.5 MG) by mouth each day with food (objective findings)

Rx#: 989744-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 04/03/20 **Exp:** 09/30/20 **D/C:** 09/02/20 **Pharmacy Dispensings:** 180 TAB in 180 days

methylPREDNISolone 4 MG Tab [21 count Pack]

Take as directed on package. May take with food.

Rx#: 1019966-COX **Doctor:** Siddiqui, Saad PA-C
Start: 12/08/20 **Exp:** 12/14/20 **Pharmacy Dispensings:** 21 TAB in 6 days

Nystatin Cream 100,000 Unit/GM [30 GM]

Apply topically to the affected area(s) twice daily

Rx#: 1033171-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 03/05/21 **Exp:** 04/04/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 30 GM in 30 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime (pain)

Rx#: 1009571-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 09/02/20 **Exp:** 03/01/21 **D/C:** 02/25/21 **Pharmacy Dispensings:** 180 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime (pain)

Rx#: 1032128-COX **Doctor:** Gopal, Swapna (MOUD) APRN
Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime (pain)

Rx#: 961110-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 09/25/19 **Exp:** 03/23/20 **Pharmacy Dispensings:** 180 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime (pain)

Rx#: 989745-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 04/03/20 **Exp:** 09/30/20 **D/C:** 09/02/20 **Pharmacy Dispensings:** 180 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 1009572-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 09/02/20 **Exp:** 03/01/21 **D/C:** 02/25/21 **Pharmacy Dispensings:** 360 TAB in 180 days



Reading ID: 4381461

Session ID: 342934

5850 Coral Ridge Drive, Suite 304, Coral Springs, Florida 33076

Phone: (954) 344-7075 Fax: (866) 215-7347

Home Sleep Test - Summary Report

Patient Information

LAZARA ORDAZ
 846 54TH NW TERRACE
 COLEMAN, FL 33521
Phone:
Gender: Female
Date of Birth: 01/24/2021
Height: in **Weight:** lbs **BMI:**

Physician Information

TTST TTEST
 YY
 YU, AL 44444
Phone: (444) 444-4444
Fax: (555) 555-5555
NPI: 1555555559

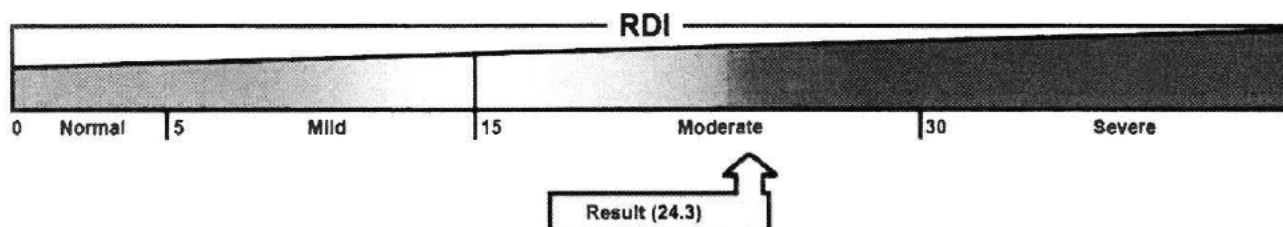
Provider Information

CPAP Supply USA
 413 Branchway Road Suite B
 Chesterfield, VA 23236
Phone: (866) 560-2727
Fax: (866) 560-4227

Recording Start : 01/24/2021 11:21:00 PM End : 01/25/2021 06:11:30 AM Duration : 6 hours 50 min 30 sec

Evaluation Start : 01/24/2021 11:31:00 PM End : 01/25/2021 06:01:34 AM Duration : 6 hours 30 min 34 sec

Test Condition: Room Air with Nasal Cannula



ANALYSIS

Indices	Normal	Result
RDI :	24.3 < 5 / h	Average breaths per minute [bpm] : 13
RI :	26.3 < 5	Breaths : 5071
Apnea index :	12 < 5 / h	Apneas : 78
UAI :	2	Unclassified apneas : 15
OAI :	9	Obstructive apneas : 59
CAI :	0	Central apneas : 2
MAI :	0	Mixed apneas : 2
Hypopnea index :	12.3 < 5 / h	Hypopneas : 80
% Flow lim. Br. without Sn (FL) :	9 < Approx. 60	Flow lim. Br. without Sn (FL) : 466
% Flow lim. Br. with Sn (FS) :	11 < Approx. 40	Flow lim. Br. with Sn (FS) : 565
		Snoring events : 4117
ODI Oxygen Desaturation Index :	25.9 < 5 / h	Number of Desaturations : 171
Lowest desaturation :	69 94% - 98%	Oxygen Saturation ≤ 90% : 137 min
Average saturation :	91	Oxygen Saturation ≤ 89% : 77 min
Lowest saturation :	69	Oxygen Saturation ≤ 88% : 48 min
Baseline saturation :	94	Oxygen Saturation ≤ 85% : 27 min
Minimum pulse frequency :	41 50 - 70 bpm	Oxygen Saturation ≤ 80% : 14 min
Maximum pulse frequency :	88 60 - 90 bpm	
Average pulse frequency :	59	
Proportion of probable CS epochs :	0 0%	

Analysis Status: Analyzed automatically

Analysis parameters

Apnea [20%; 10s; 80s; 1.0s; 20%; 60%]; Hypopnea [70%; 10s; 100s; 1.0s]; Snoring [6.0%; 0.3s; 3.5s; 0.5s]; Desaturation [4.0%]; CSR [0.50]



Reading ID: 4381461

Session ID: 342934

5850 Coral Ridge Drive, Suite 304, Coral Springs, Florida 33076

Phone: (954) 344-7075 Fax: (866) 215-7347

Home Sleep Test - Interpretation Report

Patient Information

LAZARA ORDAZ
846 54TH NW TERRACE
COLEMAN, FL 33521
Phone:
Gender: Female
Date of Birth: 12-17-1958
Height: in Weight: lbs BMI:

Physician Information

TTST TTEST
YY
YU, AL 44444
Phone: (444) 444-4444
Fax: (555) 555-5555
NPI: 1555555559

Provider Information

CPAP Supply USA
413 Branchway Road Suite B
Chesterfield, VA 23236
Phone: (866) 560-2727
Fax: (866) 560-4227

Recording Start : 01/24/2021 11:21:00 PM End : 01/25/2021 06:11:30 AM Duration : 6 hours 50 min 30 sec

Test Condition: Room Air with Nasal Cannula

Respiratory Events

RDI:	24.3	Oxygen Desaturation Index:	25.9
Apneas:	78	Lowest Saturation:	69
Obstructive Apneas:	59	Oxygen Saturation \leq 89%:	77 min
Central Apneas:	2	Minimum pulse frequency:	41
Hypopneas:	80	Maximum pulse frequency:	88

Impression / Diagnosis

- Findings are consistent with Moderate Obstructive Sleep Apnea (G47.33)

Recommendations

- Treatment options may include: Positive Airway Pressure (PAP) devices such as continuous PAP (CPAP), auto-adjusting PAP (APAP), and bi-level PAP (Bi-PAP).
- If APAP is utilized for titration and/or treatment, an initial range setting of 5-20 cm H₂O may be considered if there are no contraindications.
- If CPAP is utilized without APAP titration, an in-laboratory facility-based PAP titration may be considered.
- Consider PAP interface mask fitted for patient comfort, Heated Humidification & PAP compliance monitoring via downloadable reports (at 1 month, 3 months & 12 months after PAP initiation). Medicare has specific compliance requirements during the first 90 days of use.
- Mandibular repositioning device/ Oral appliance therapy may be considered for mild to moderate OSA, or for severe OSA if the patient is intolerant, refuses and/or non-compliant with CPAP.
- An ENT surgeon consultation may be considered for evaluation and possible surgical modification of the upper airway, if clinically indicated.
- Where applicable, utilize PAP device efficacy reports, additional testing, and face-to-face clinical evaluation after any treatment, changes in treatment, or major behavioral modifications.
- Consider repeat sleep study on the selected treatment to evaluate for the efficacy of the treatment, if patient continues to be symptomatic.
- If symptom resolution of sleep apnea is not achieved, or suspicion of continued sleep disturbance persists, consider referral to a sleep specialist.
- Consider behavioral interventions such as weight reduction or smoking cessation, if clinically indicated.
- Consider advising patient against the use of alcohol and sedatives as these substances can worsen excessive daytime sleepiness and respiratory disturbances of sleep.
- Consider advising the patient not to drive, operate heavy machinery or engage in other activities which may be hazardous when sleepy or sleep deprived.
- Consider advising patient of the long term consequences of OSA if left untreated, need for treatment and close follow up.
- Treatment is recommended for patients diagnosed with moderate and severe obstructive sleep apnea (AHI/RDI \geq 15). Treatment is recommended for patients diagnosed with mild obstructive sleep apnea (AHI/RDI 5-15), if associated with any one of the following: daytime sleepiness (ESS $>$ 10), cognitive dysfunction, mood disorders, hypertension, heart disorders and stroke.

FCC Coleman, AL
Orda, Lazara
52247-066
D.O.B. 12-17-1958

A Home Sleep Test cannot diagnose all sleep disturbances. If this test is negative for Obstructive Sleep Apnea and your clinical evaluation suggests otherwise, please refer the patient for a facility-based sleep study.

Digitally Signed on March 04, 2021 by Chandra Matadeen-Ali, Board Certified Sleep Physician. NPI: 1811197619

Device: ApneaLink
VirtuOx, Inc.

Firmware: SX566-0302
Private and Confidential

Software: 10.20

Page 1 of 1

1/8/2021

ARSS2839 Lazara Ordaz -

- DOS: 01/08/2021 - Rendering Provider: DAVID CURRY, APRN

after verbal consent was obtained - pt was taken in injection room with fluro. pt was placed in sitting position. the left shoulder joint was identified with external marking device and marked. a NSP was then completed. a 22 g spinal needle was then inserted into the left shoulder joint by the posterior subacromial approach. joint access was then confirmed with dye. after confirmation of joint access an injection of 2ml bupivacaine 0.25% and 80 mg depo medrol was injected. the pt tolerated the procedure well and post injection instruction was given. Pt left office in NAD.

Procedure Codes

C.S.Code	Description	Start Time	End Time	Units	Mods	Status	Notes
CPT 99204	LEVEL 4 OFFICE VISIT	01/08/2021 08:30:00 AM EST	01/08/2021 08:45:00 AM EST	1	25		
CPT 73221	MRI JOINT UPR EXTREM W/O DYE	01/08/2021 08:30:00 AM EST	01/08/2021 08:45:00 AM EST	1	TC,LT		
CPT 20610	LARGE JOINT INJECTION	01/08/2021 08:30:00 AM EST	01/08/2021 08:45:00 AM EST	1	LT		
CPT 77002	NEEDLE UNDER FLOUROSCOPY GUIDANCE	01/08/2021 08:30:00 AM EST	01/08/2021 08:45:00 AM EST	1	TC,RT		
CPT J1040	DEPO MEDROL 80 MG	01/08/2021 08:30:00 AM EST	01/08/2021 08:45:00 AM EST	2	LT		

Plan**Plan Notes**

1. Injection as above
2. increase mobic 15 mg i po qd at mid day med pass x 30 with 3 refill
3. discussed tx options
4. see me 4-6 weeks

Patient Referred Out and Summary of Care Provided: No

Clinical Summary Provided: No



Note generated by Azalea EHR - www.AzaleaHealth.com

1/8/2021

ARSS2839 Lazara Ordaz - DOB: 12/17/1958 - DOS: 01/08/2021 - Rendering Provider: DAVID CURRY, APRN

Patient Demographics

Patient Name: Lazara Ordaz
Date of Birth: 1
Gender: Male
Preferred Language: No Preferred Language

FCC COLEMAN CAMP

52247-064

Care Team**Rendering Provider:** DAVID CURRY, APRN**Date and Location of Visit**

Date of Service: 01/08/2021
Chart Number: ARSS2839A1
Location: ARS, PA

Appointment:01/08/2021 08:30 AM
EST**Appt. Reason:**COLEMAN, LAKE OR
PASCO- NEW PATIENT
COLEMAN PT**Notes:****Medication Summary****Medication Reconciliation:**

Not performed

Chief Complaint / Assistant Note

left shoulder pain

Subjective**HPI**

left shoulder pain for several years. she had injection in past over one year ago. she had subacromial decompression and mumford in 2006. Pain was resolved for only 4-6 months post op. she has had limited ROM for several years and even just after surgery. she is on 7.5 mg mobic when it hurts. she has pain with any motion over 90 degree and internal and external rotation - especially donning/doffing bra

MRI shows post SAD with mumford, supraspinatus tendonitis, no acute tears or significant degenerative changes

Problem History

C.S. Code	Description	Status	Diagnosed	Edu.	Cog.	Func.
ICD10M25.512	Pain in left shoulder	ACTIVE	01/08/2021 08:49 AM EST	No	No	No
ICD10M75.42	Impingement syndrome of left shoulder	ACTIVE	01/08/2021 08:49 AM EST	No	No	No
ICD10M75.52	Bursitis of left shoulder	ACTIVE	01/08/2021 08:49 AM EST	No	No	No
ICD10M67.814	Other specified disorders of tendon, left shoulder	ACTIVE	01/08/2021 08:49 AM EST	No	No	No

Objective**Objective Notes**

left shoulder: protruding distal clavicle, pain over edge of distal clavicle, as well as, the anterior gh joint, ROM limited to 90 add/abduction, and significantly reduced internal and somewhat to external, she is not hyperlax, motor is 5/5 with pain. no instability

Assessment**Diagnosis Codes**

C.S. Code	Description	Status	Diagnosed	Education	Cog.	Func.
ICD10M25.512	Pain in left shoulder	ACTIVE	01/08/2021	No	No	No
ICD10M75.42	Impingement syndrome of left shoulder	ACTIVE	01/08/2021	No	No	No
ICD10M75.52	Bursitis of left shoulder	ACTIVE	01/08/2021	No	No	No
ICD10M67.814	Other specified disorders of tendon, left shoulder	ACTIVE	01/08/2021	No	No	No

Procedure**Procedure Notes**

Advanced Wellness & Orthopedic Center

616 N. Palmetto St., Ste B ~ Leesburg, FL 34748

Phone 352-702-0850 ~ Fax 352-530-2476

NCD2005216073

Dr. Frank J. Velez, M.D.
LIC.# ME67580
DEA # BV2281044

Richard G. Valenzuela, M.D.
LIC.# ME116272
DEA.# FV1699430

D. Chris Curry, APRN
LIC.# APRN2962362
DEA # MC4277605

NAME: Ordaz, Lazara

ADDRESS: _____

1181

1 mobile to 157-1 QD PO
@ midday x30

2. Rom as tolerated 3RF
3. Ice x 24 hr to ch
4. F/V 4-6 whs

☐ Label

Refill _____ Times

(Signature)

☐ Name brand medically necessary.

DO NOT SUBSTITUTE _____ SUBSTITUTION PERMISSIBLE _____

BACKGROUND COLOR MUST APPEAR BLUE - VOID WILL APPEAR IF COPIED
RESISTS ERASURES AND ALTERATIONS



Akumin Leesburg
600 W North Blvd Suite E
Leesburg, FL 34748

Phone: (352) 504-0525
Fax: (352) 388-4906
Website: akumin.com

*Joe Coleman Camp
32247-006*

Exam requested by:
KENNETH GOMEZ
19225 US-27
Clermont Florida 34715
Fax: (615) 932-8931
MRI SHOULDER WITHOUT CONTRAST [73221SHOULDER] - MSK -
LEFT

Patient: ORDAZ, LAZARA
Date of Birth:
Phone: (615) 815-2762
MRN: 6 Acc: E
Date of Exam: 10-02-2020

EXAM: MRI OF THE LEFT SHOULDER WITHOUT INTRAVENOUS CONTRAST

TECHNIQUE: Multiplanar/multi-sequence MRI of the left shoulder was performed without the administration of gadolinium.

CLINICAL DATA: Patient complains of chronic left shoulder pain for 10 years. History of left shoulder surgery 10 years ago. Patient said the "scraped the bone."

PRIOR STUDIES: No prior studies available.

FINDINGS:

Mild supraspinatus tendinopathy without focal tear. Normal infra spinatus, teres minor and subscapularis tendons without a tear

Normal rotator cuff and deltoid muscles without edema or atrophy

Normal proximal biceps tendon without tear. The long head of biceps tendon is located within the bicipital groove

No fluid in the subacromial subdeltoid bursa

Status post subacromial decompression with resection of distal clavicle with postsurgical changes

Small subchondral cysts in the posterior lateral aspect the humeral head.

Normal glenohumeral joint without joint effusion or arthritic change. Normal glenohumeral ligament complex without findings to suggest adhesive capsulitis. Normal superior labrum without evidence of a SLAP lesion. Normal biceps labral anchor. Normal anterior and posterior labrum without tear. No Hill-Sachs or osseous Bankart lesion. No evidence of avascular necrosis of the humeral head.

IMPRESSION:

Status post subacromial decompression with resection of the distal clavicle and postsurgical changes

Mild supraspinatus tendinopathy without focal tear


No labral tear

RECOMMENDATION: Follow up as clinically indicated.

Thank you for referring your patient to Akumin Leesburg

Rabiea, Robert
Electronically Signed: 10/02/2020

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Mai Optometry
 Mai Eyes Optometry, LLC
 2880 David Walker Dr. #260
 Eustis, FL 32726

Physician: Van Mai Vu, OD
 Form: Optometric Examination
 Exam Date: 9/16/2020

Patient Name: Ordez, Lazara DOB: 6/1 Age 61 Sex: M ☒ F ☐ T Reg #: 52247-066
 Institution: Low Med USP-I USP-II Camp Unit: Camp Ethnicity: ☐ Caucasian ☒ African ☐ Hispanic ☐ Native American ☒ Cuban
 Occupation: ☐ None ☐ Rec ☐ Compound ☐ Teacher ☐ Kitchen ☐ Unicolor
 Hobbies: Orderly
 Pt Notes: ☐ Spanish only ☐ Limited English ☐ Hearing impaired ☒ Face mask
 Dr. / Tech using: ☒ KN-95 mask ☐ surgical mask ☐ gloves ☒ face shield

Chief Complaint: CC (check only ONE) <input type="checkbox"/> Blurry vision <input type="checkbox"/> Red eyes <input type="checkbox"/> Flashes / Floaters <input type="checkbox"/> Double vision <input type="checkbox"/> Dry Eyes <input type="checkbox"/> Glasses/CL update <input checked="" type="checkbox"/> DM/HTN/DPE <input type="checkbox"/> Other:		Secondary Complaint SC <input type="checkbox"/> No flashes, floaters, double vision, increased headaches or pain Describe the SC
HPI:	Describe the CC	
Location	RE / LE / BI Distance / Near	
Onset	____ days ____ weeks ____ months ____ years	
Frequency	____ times a day/week/month rarely / sometimes / often / daily	
Duration	<input type="checkbox"/> a few secs / mins / hours <input type="checkbox"/> intermittent <input type="checkbox"/> constant <input type="checkbox"/>	
Severity	mild / moderate / severe <input type="checkbox"/>	
Factors	Improved w/ _____ Worsened w/ _____	
Add. Notes		

Last Eye Exam: <u>9/16/19</u> Age of current glasses: <u>2</u> yrs Last Physical: _____ 1st glasses: _____ Current Meds: <input type="checkbox"/> None <input checked="" type="checkbox"/> See pt's attached list of meds Allergies: <input checked="" type="checkbox"/> No known drug allergies <input type="checkbox"/> See pt's attached list Smoker: _____ packs per day Quit _____ Alcohol: _____ rarely / daily / socially Rec drugs: Hx of _____ rarely / daily / socially I am _____ <input type="checkbox"/> Nursing <input type="checkbox"/> Pregnant _____ months	FAMILY HISTORY <input type="checkbox"/> Check if all family history is N/A. <table border="1"> <tr> <td>Glaucoma <input type="checkbox"/></td> <td><input type="checkbox"/> Mom</td> <td><input type="checkbox"/> Dad</td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Aunt/Uncle</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td>Macular degeneration <input type="checkbox"/></td> <td><input type="checkbox"/> Mom</td> <td><input type="checkbox"/> Dad</td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Aunt/Uncle</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td>Eye turn <input type="checkbox"/></td> <td><input type="checkbox"/> Mom</td> <td><input type="checkbox"/> Dad</td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Aunt/Uncle</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td>Night blindness <input type="checkbox"/></td> <td><input type="checkbox"/> Mom</td> <td><input type="checkbox"/> Dad</td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Aunt/Uncle</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td>Keratoconus <input type="checkbox"/></td> <td><input type="checkbox"/> Mom</td> <td><input type="checkbox"/> Dad</td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Aunt/Uncle</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td>Diabetes <input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Mom</td> <td><input type="checkbox"/> Dad</td> <td><input checked="" type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Aunt/Uncle</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td>Hypertension <input type="checkbox"/></td> <td><input type="checkbox"/> Mom</td> <td><input type="checkbox"/> Dad</td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Aunt/Uncle</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td>Heart disease <input type="checkbox"/></td> <td><input type="checkbox"/> Mom</td> <td><input type="checkbox"/> Dad</td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Aunt/Uncle</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td>Cancer <input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Mom</td> <td><input type="checkbox"/> Dad</td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Aunt/Uncle</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td>(Type) <u>lung</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Migraine <input type="checkbox"/></td> <td><input type="checkbox"/> Mom</td> <td><input type="checkbox"/> Dad</td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Aunt/Uncle</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td>Condition: _____</td> <td colspan="4">Relationship: _____</td> </tr> </table>	Glaucoma <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent	Macular degeneration <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent	Eye turn <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent	Night blindness <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent	Keratoconus <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent	Diabetes <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input checked="" type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent	Hypertension <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent	Heart disease <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent	Cancer <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent	(Type) <u>lung</u>						Migraine <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent	Other <input type="checkbox"/>	Condition: _____	Relationship: _____			
Glaucoma <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent																																																																				
Macular degeneration <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent																																																																				
Eye turn <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent																																																																				
Night blindness <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent																																																																				
Keratoconus <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent																																																																				
Diabetes <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input checked="" type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent																																																																				
Hypertension <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent																																																																				
Heart disease <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent																																																																				
Cancer <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent																																																																				
(Type) <u>lung</u>																																																																									
Migraine <input type="checkbox"/>	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Grandparent																																																																				
Other <input type="checkbox"/>	Condition: _____	Relationship: _____																																																																							

PERSONAL REVIEW OF SYSTEMS <input type="checkbox"/> Check if all of review of systems is N/A.	PERSONAL MEDICAL HISTORY <input type="checkbox"/> Check if all medical history is N/A.
Allergy <input type="checkbox"/> Seasonal <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Anesthetic <input type="checkbox"/> Food: _____ <input type="checkbox"/> Other: _____ Constitutional <input type="checkbox"/> Unexplained fever / weight loss / fatigue Cardiovascular <input type="checkbox"/> Chest pain <input type="checkbox"/> Shortness of breath w/exertion <input type="checkbox"/> Irregular heartbeat / low heart rate Endocrine <input type="checkbox"/> Increased urination / thirst / appetite Gastrointestinal <input type="checkbox"/> Constipation / diarrhea <input type="checkbox"/> Vomiting blood / blood in stool Genitourinary <input type="checkbox"/> Difficulty / burning while urinating Head <input type="checkbox"/> Persistent sore throat / hoarseness of voice <input type="checkbox"/> Hearing loss / ear or nose discharge <input type="checkbox"/> Sinus congestion <input type="checkbox"/> Loss of smell Hematologic/ Lymphatic <input type="checkbox"/> Swollen glands <input type="checkbox"/> Anemia / frequent bruising Immunologic/ Skin <input type="checkbox"/> History of infectious disease <input type="checkbox"/> Unexplained skin rashes / persistent itching <input type="checkbox"/> Pigmented lesions Musculoskeletal <input type="checkbox"/> Joint pain / restriction of motion <input type="checkbox"/> Unexplained muscle pain / lower back pain Neurologic <input type="checkbox"/> Muscle weakness / tingling in extremities <input type="checkbox"/> Dizziness / blackouts / grey outs Psychiatric <input type="checkbox"/> Memory lapses <input type="checkbox"/> Disorientation <input type="checkbox"/> Ongoing depression <input type="checkbox"/> Dementia Respiratory <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Wheezing sounds <input type="checkbox"/> Persistent cough	Diabetes Type <input type="checkbox"/> Treatment: <input type="checkbox"/> meds <input type="checkbox"/> diet <input type="checkbox"/> exercise Diagnosed: _____ Insulin dependent <input type="checkbox"/> Last HbA1c: _____ %, Date: _____ Diabetic neuropathy <input type="checkbox"/> Last Blood Sugar: _____ mg/dl (FBS / RBS), Date: _____ High Cholesterol <input type="checkbox"/> Treatment: <input type="checkbox"/> meds <input type="checkbox"/> diet <input type="checkbox"/> exercise Diagnosed: _____ Hypertension <input type="checkbox"/> Treatment: <input type="checkbox"/> meds <input type="checkbox"/> diet <input type="checkbox"/> exercise Diagnosed: _____ Heart attack / stroke <input type="checkbox"/> Treatment: <input type="checkbox"/> meds <input type="checkbox"/> diet <input type="checkbox"/> surgery Diagnosed: _____ Hypo Thyroid disorder <input checked="" type="checkbox"/> Treatment: <input checked="" type="checkbox"/> meds <input type="checkbox"/> surgery Diagnosed: _____ Sleep apnea <input type="checkbox"/> Treatment: <input type="checkbox"/> PAP machine <input type="checkbox"/> surgery Diagnosed: _____ Asthma / COPD <input type="checkbox"/> Treatment: <input type="checkbox"/> meds Diagnosed: _____ Kidney Disease / Stones <input type="checkbox"/> Treatment: <input type="checkbox"/> dialysis <input type="checkbox"/> surgery Diagnosed: _____ Arthritis <input type="checkbox"/> Treatment: <input type="checkbox"/> meds Diagnosed: _____ Other conditions: <u>anemia, dysphagia, GERD, sciatica, eczema, vertigo, vitamin D deficiency, confirmed COVID-19 (7/2020)</u> List surgeries: <u>Shoulder, Throat</u> PERSONAL OCULAR HISTORY <input type="checkbox"/> Check if all ocular history is N/A.
	Suspect. Glaucoma <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> RE <input checked="" type="checkbox"/> LE Treatment: <input type="checkbox"/> drops <input type="checkbox"/> SLT / ALT <input type="checkbox"/> LPI Target IOP: _____ / _____ Diagnosed _____ Reported compliance: Good Fair Poor Pachymetry: _____ Last: HVF _____ OCT RNFL _____ Drops _____ Macular degeneration <input type="checkbox"/> <input type="checkbox"/> RE <input type="checkbox"/> LE Treatment: <input type="checkbox"/> injections <input type="checkbox"/> vitamins Retinal Detachment <input type="checkbox"/> <input type="checkbox"/> RE <input type="checkbox"/> LE Treatment: <input type="checkbox"/> injection <input type="checkbox"/> laser <input type="checkbox"/> buckle Diabetic Retinopathy <input type="checkbox"/> <input type="checkbox"/> RE <input type="checkbox"/> LE Treatment: <input type="checkbox"/> injections <input type="checkbox"/> laser Cataract <input type="checkbox"/> Surgery: RE _____, LE _____ LASIK / Laser <input type="checkbox"/> Surgery: RE _____, LE _____ Strabismus (Eye turn) <input type="checkbox"/> <input type="checkbox"/> RE <input type="checkbox"/> LE Tx: <input type="checkbox"/> Glasses <input type="checkbox"/> Patching <input type="checkbox"/> VT <input type="checkbox"/> Surgery Amblyopia (Lazy eye) <input type="checkbox"/> <input type="checkbox"/> RE <input type="checkbox"/> LE Tx: <input type="checkbox"/> Glasses <input type="checkbox"/> Patching <input type="checkbox"/> VT <input type="checkbox"/> Surgery Uveitis <input type="checkbox"/> <input type="checkbox"/> RE <input type="checkbox"/> LE Occurred: _____ Trauma <input type="checkbox"/> <input type="checkbox"/> RE <input type="checkbox"/> LE Occurred: _____ Other <input checked="" type="checkbox"/> Hx of gl Tx for glc, d/d/d

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: ORDAZ, LAZARA**Reg #:** 52247-066**Complex:** COX**Date of Birth:** -----**Sex:** F**Consultation/Procedure Requested:** Optometry**Subtype:** Onsite**Priority:** Routine**Target Date:** 09/25/2020**Reason for Request:**

Chart review for optometry consult

HTN

Glaucoma suspect

Cataract OU

F/u in 12 months.

Medications (As of 09/16/2020)

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab Exp: 09/02/2021 SIG: Take one tablet (1000 UNIT) by mouth each day

FLUoxetine HCl 10 MG Cap Exp: 03/01/2021 SIG: Take one capsule (10 MG) by mouth each day *consent form on file *

hydroCHLOROthiazide 25 MG Tab Exp: 03/01/2021 SIG: Take one tablet (25 MG) by mouth each day

LevoTHYROXINE Sodium 75 MCG Tab Exp: 03/01/2021 SIG: Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Meloxicam 7.5 MG Tab Exp: 03/01/2021 SIG: Take one tablet (7.5 MG) by mouth each day with food (objective findings)

Oxcarbazepine 600 MG Tab Exp: 03/01/2021 SIG: Take one tablet (600 MG) by mouth every night at bedtime (pain)

Verapamil HCl 80 MG Tab Exp: 03/01/2021 SIG: Take one tablet (80 MG) by mouth twice daily to control blood pressure

Allergies (As of 09/16/2020)

No Known Allergies

Health Problems (As of 09/16/2020)

Anemia, unspecified, Other disorder of bone and cartilage, Dysphagia, unspecified, Low back pain, lumbago, Esophageal reflux, Pityriasis rosea, Dermatitis/eczema due to unspecified cause, Sciatica, Headache, Shoulder (pain in joint, shoulder region), Foot, contusion, Hypothyroidism unspecified, Slow transit constipation, Hypertension, Unspecified essential, LTBI Prophylaxis Refused, Vertigo of central origin, Pain in leg, unspecified, Fractured dental restorative material with loss of material, Dental caries, Encounter for gynecological exam (general) (routine) without abnormal findings, Vitamin D deficiency, Abnormal weight loss, Confirmed case COVID-19, Other peripheral vertigo, Adjustment disorder

Inmate Requires Translator: No**Language:****Additional Records Required:****Comments:****Requested By:** Franco, Karina MD**Ordered Date:** 09/25/2019 09:09**Scheduled Target Date:** 09/25/2020 00:00**Level of Care:** Medically Necessary - Non-Emergent

Patient Name: Ordaz, Larara Age: 61 Reg #: 52247-066

Entering VA: sRx / sCL / RGP / Scleral

Retinoscopy: Dry

Tech Initials

BP: / mmHg

RAS / LAS

@ am / pm

Current Rx: SVD / SVN / BF / TF / PAL / CL

	Sph	Cyl	Axis	Prism	Add	DVA
RE	+0.50	-0.25	088		+2.25	20/
LE	+0.75	-0.25	095			20/
OU						20/

Presenting / Trial 1 CL

	Lens	Sph	Cyl	Axis	BC	Dia	DVA
RE							20/
LE							20/

	Sph	Cyl	Axis	DVA	Fit
RE				20/	
LE				20/	

Divergence: BI / / / BO / / / Supra / / / Infra /

NVergence: BI / / / BO / / / Supra / / / Infra /

Biometrics:

	Right Eye
Lids / Lashes	Blepharitis <input type="checkbox"/>
Conjunctiva	DN/T Ping / Ptery <input type="checkbox"/>
Cornea	
Anterior Chamber	
Iris	
Lens	NS <input type="checkbox"/> CC <input type="checkbox"/> PSC <input type="checkbox"/>
Angles	1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4
Ophthalmoscopy	UPC IOL <input type="checkbox"/>
Optic Nerve / C/D	
Vitreous	USyneresis UPVD <input type="checkbox"/>
Rim	
Margins	UNVD % <input type="checkbox"/>
Vessels	Attenuation <input type="checkbox"/> Nicking S/I <input type="checkbox"/>
Macula	Beading <input type="checkbox"/>
Periphery	RPE <input type="checkbox"/> Exudates <input type="checkbox"/> Drusen <input type="checkbox"/>
Periphery	OD/B hemes / SNT <input type="checkbox"/> UNVE <input type="checkbox"/>
Lens: DO	20D / 90D
	20D / 78D

	Right Eye	Left Eye
Lids / Lashes	Blepharitis <input type="checkbox"/>	Blepharitis <input type="checkbox"/>
Conjunctiva	DN/T Ping / Ptery <input type="checkbox"/>	DN/T Ping / Ptery <input type="checkbox"/>
Cornea		
Anterior Chamber		
Iris		
Lens	NS <input type="checkbox"/> CC <input type="checkbox"/> PSC <input type="checkbox"/>	NS <input type="checkbox"/> CC <input type="checkbox"/> PSC <input type="checkbox"/>
Angles	1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4	1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4
Ophthalmoscopy	UPC IOL <input type="checkbox"/>	UPC IOL <input type="checkbox"/>
Optic Nerve / C/D		
Vitreous	USyneresis UPVD <input type="checkbox"/>	USyneresis UPVD <input type="checkbox"/>
Rim		
Margins	UNVD % <input type="checkbox"/>	UNVD % <input type="checkbox"/>
Vessels	Attenuation <input type="checkbox"/> Nicking S/I <input type="checkbox"/>	Attenuation <input type="checkbox"/> Nicking S/I <input type="checkbox"/>
Macula	Beading <input type="checkbox"/>	Beading <input type="checkbox"/>
Periphery	RPE <input type="checkbox"/> Exudates <input type="checkbox"/> Drusen <input type="checkbox"/>	RPE <input type="checkbox"/> Exudates <input type="checkbox"/> Drusen <input type="checkbox"/>
Periphery	OD/B hemes / SNT <input type="checkbox"/> UNVE <input type="checkbox"/>	OD/B hemes / SNT <input type="checkbox"/> UNVE <input type="checkbox"/>
Lens: DO	20D / 90D	20D / 78D
	20D / 78D	20D / 78D

Final Spectacle Rx ☐ Full Subjective (See above)

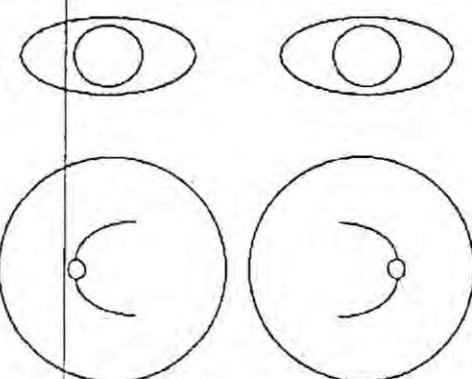
	Sph	Cyl	Axis	Prism	Add	PD
RE						
LE						

Final Contact Lens Rx ☐ Trial (see above)

	Sph	Cyl	Axis	Prism	Add	PD
RE						
LE						

Right Eye

Left Eye



Diagnosis / Assessment

☐ Diabetes Type

RTC

mos DFE, Monitor. Pt ed below ☐ Refer (OMD retina / PCP / lab) w/in☒ Hypertension, (-) retinopathy au☒ RTC 12 mos DFE. Continue f/u & management w/PCP as directed ☐ Refer OMD retina w/in mos☐ ARMDRTC mos DFE, Monitor. Pt ed below ☐ Cause of IBCVA ☐ Refer: OMD retina w/in mos☒ Cataract au☒ Monitor. Pt ed below. ☐ Cause of IBCVA ☐ Refer: OMD w/in mos for cataract consult☐ Dry Eyes / Blepharitis☐ WC BID x 10 mins. Lid scrubs BID. AT's PRN OU ☐ Gel qhs OU ☐ Rx☐ Glaucoma☐ mos IOP ☐ mos for HVF 24-2 w/optometrist ☐☐ Refer OMD for HVF 24-2 / OCT RNFL / pachymetry w/in mos

Hyperopia RE / LE

Astigmatism RE / LE

Myopia RE / LE

Emmetropia RE / LE

Presbyopia OU

Amblyopia RE / LE

Spectacle / Contact Lens Ordered: Yes / ☒ No Recommend: Full / Part time wear SVD (SVN) BF☐ Educated Amblyopia cause of decreased BCVA, Monitor.☐ Educated good CL hygiene & don'ts (nap/sleep/swim/shower in CLs), ↑ risk of blindness w/misuse.Pt Ed: ☒ Dilation Caution: near blur & photophobia typically lasting 4-6 hrs☐ SRx adaptation 1-2 weeks☐ S&S of RD. See an eye care professional ASAP if symptomatic☐ Presbyopia - occurs w/age, plateaus around mid 60's, affects near vision☐ DM/HTN ocular effects, blindness risk, cont' PCP f/u & management☐ Cataracts: rec UV protection; ↑ progression w/smoking, DM, certain meds☐ Glc, risk of blindness, importance of f/u care & good compliance w/Tx☐ AMD ↑ risk w/smoking; rec LMZ vit supplement, diet & UV protectionOPTOMETRY Recall: ☒ Comprehensive Eye Exam (DM/HTN) lyc☐ F/U in days / mos for

or sooner if symptoms worsen, experiencing any eye pain or ↓ in vision.

☐ Refer to Glaucoma: w/OPHTHALMOLOGY w/in for HVF 24-2 / OCT-RNFL / pachymetry☐ Refer to Retina OPHTHALMOLOGY w/in for☐ Refer to w/in forPhysician Signature [Signature]
Date: 9/16/2020 Van Mar, MD | OPC 5557

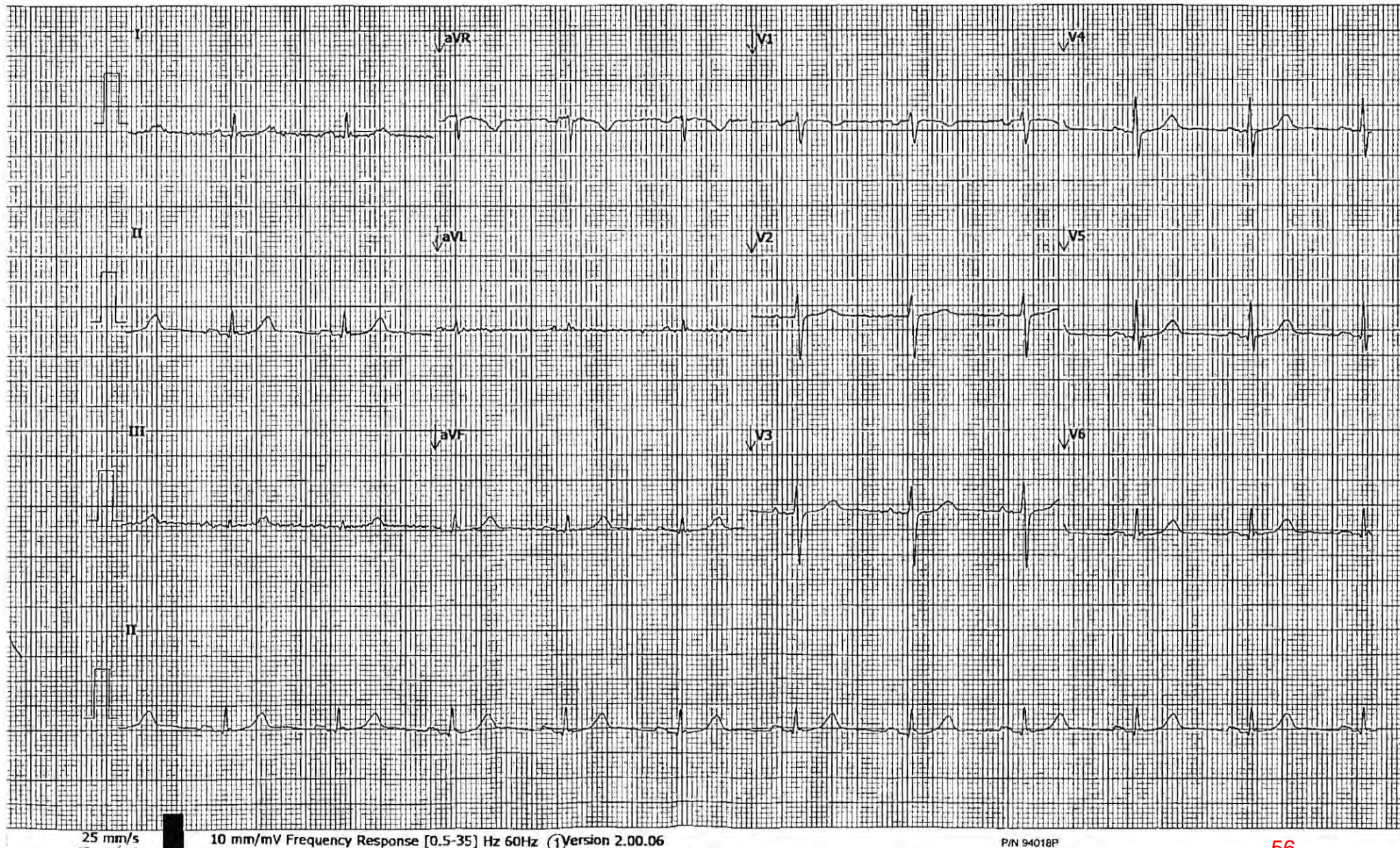
ID: ORDAZ 52247-066
Name:
Age:

Gender: Female

07/11/2020 11:24:23AM
PR: 122/170 ms
QRS: 98 ms
QT/QTc: 412/432 ms
P/QRS/T axis: 38/34/54 deg
Heart rate: 66 bpm

warning: age not available, assumed 35 years
sinus rhythm
Normal ECG
Unconfirmed Report

FCC COLEMAN CAMP



25 mm/s

10 mm/mV Frequency Response [0.5-35] Hz 60Hz (i)Version 2.00.06

P/N 94018P



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name ORDAZ, LAZARA	Facility FCI Marianna	Collected 05/19/2021 10:12 CDT, 05/21/2021 11:27 CDT
Reg # 52247-066	Order Unit X03-010L	Received 05/21/2021 10:32 CDT
DOB [REDACTED]	Provider Kendes Archer, M.D.	Reported 05/21/2021 12:58 CDT
Sex F		LIS ID 102212639

CHEMISTRY

Sodium		136	136-145	mmol/L
Potassium		4.4	3.5-5.1	mmol/L
Chloride		101	98-107	mmol/L
Carbon Dioxide		29	22-29	mmol/L
Urea Nitrogen (BUN)		20	8-23	mg/dL
Creatinine	H	1.13	0.51-0.95	mg/dL
eGFR (IDMS)		49		

GFR units measured as mL/min/1.73 m². If African American multiply by 1.210.

A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium		9.8	8.8-10.2	mg/dL
Glucose	L	57	74-106	mg/dL
AST		25	10-32	U/L
ALT		18	8-33	U/L
Alkaline Phosphatase	H	146	35-104	U/L
Bilirubin, Total		0.5	<=1.2	mg/dL
Protein, Total		7.6	6.6-8.7	g/dL
Albumin		4.4	3.5-5.2	g/dL
Globulin		3.2	2.0-3.7	g/dL
Alb/Globulin Ratio		1.37	1.00-2.30	
Anion Gap	L	6.0	9.0-19.0	
BUN/Creatinine Ratio		17.5	5.0-30.0	
Cholesterol, Total		185	<200	mg/dL
Triglycerides		47	<=150	mg/dL
HDL Cholesterol	H	73	40-60	mg/dL
LDL-Cholesterol		103	<=130	mg/dL
Chol/HDL Ratio		2.5	0.0-4.0	

SPECIAL CHEMISTRY

TSH		3.04	0.27-4.20	uIU/mL
-----	--	------	-----------	--------

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical



Report Status: Final

ORDAZ, LAZARA

Patient Information	Specimen Information	Client Information
ORDAZ, LAZARA DOB: AGE: 62 Gender: F Patient ID: 52247066	Specimen: TM848468C Collected: 08/25/2021 Received: 08/26/2021 / 03:07 CDT Reported: 08/26/2021 / 16:41 CDT	Client #: 339717

ALLERGEN REPORT

FOOD ALLERGY PROFILE		CLASS						
Performing Lab: TP		0	1	2	3	4	5	6
Test Name	Results kU/L							
EGG WHITE (F1) IGE	<0.10							
PEANUT (F13) IGE	0.24 H							
WHEAT (F4) IGE	<0.10							
WALNUT (F256) IGE	0.36 H							
CODFISH (F3) IGE	<0.10							
COW'S MILK (F2) IGE	<0.10							
SOYBEAN (F14) IGE	<0.10							
SHRIMP (F24) IGE	<0.10							
SCALLOP (F338) IGE	<0.10							
SESAME SEED (F10) IGE	<0.10							
HAZELNUT (F17) IGE	<0.10							
CASHEW NUT (F202) IGE	<0.10							
ALMOND (F20) IGE	<0.10							
SALMON (F41) IGE	<0.10							

INTERPRETATION

See Endnote 2

Performing Lab: TP

Endnote 1 IgE reactivity to whole milk without reactivity to Bos d 4, Bos d 5, or Bos d 8, may be explained by IgE reactivity to other cow's milk proteins or non-protein milk constituents. Additional information can be found at <http://www.phadia.com>

Endnote 2

Specific IGE Class	kU/L	Level of Allergen Specific IGE Antibody
0	<0.10	Absent/Undetectable
0/1	0.10-0.34	Very Low Level
1	0.35-0.69	Low Level
2	0.70-3.49	Moderate Level
3	3.50-17.4	High Level
4	17.5-49.9	Very High Level
5	50-100	Very High Level
6	>100	Very High Level

The clinical relevance of allergen results of 0.10-0.34 kU/L are undetermined and intended for specialist use.

Allergens denoted with a "***" include results using one or more analyte specific reagents. In those cases, the test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay

FOOD ALLERGY PROFILE		CLASS						
Performing Lab: TP		0	1	2	3	4	5	6
Test Name	Results kU/L							
TUNA (F40) IGE	<0.10							
MILK COMPONENT PANEL		CLASS						
Performing Lab: TP		0	1	2	3	4	5	6
Test Name	Results kU/L							
ALPHA-LACTALBUMIN (F76) IGE	<0.10							
BETA-LACTOGLOBULIN (F77) IGE	<0.10							
CASEIN (F78) IGE	<0.10							
See Endnote 1								
ALLERGY TESTS		CLASS						
Performing Lab: TP		0	1	2	3	4	5	6
Test Name	Results kU/L							
RICE (F9) IGE	<0.10							
BANANA (F92) IGE	<0.10							
LATEX (K82) IGE	<0.10							
See Endnote 3								

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth: 12/17/1977	Sex: F Race: BLACK	Facility: MNA
Note Date: 02/24/2022 15:33	Provider: Caldwell, Annette ARNP	Unit: X03

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Caldwell, Annette ARNP
recurrent rash to body, will order Z pack

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	MethylPREDNISolone Tab 4 MG (Dose Pack 21 tab)	02/24/2022 15:33
	<u>Prescriber Order:</u> 4mg Orally - daily x 6 day(s)	
	Indication: Dermatitis/eczema due to unspecified cause	

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 02/24/2022 15:35

Inmate Name: ORDAZ, LAZARA

Date of Birth: -----

Encounter Date: 12/22/2021 10:13

Sex: F Race: BLACK

Provider: Caldwell, Annette ARNP

Reg #: 52247-066

Facility: MNA

Unit: X03

Yes: Within Normal Limits

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

Exposure to scabies, Z207S - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Ivermectin Tablet	12/22/2021 10:13
Prescriber Order: 15mg Orally Weekly x 14 day(s) Pill Line Only -- Take first dose at evening pill line on 12/22/2021 repeat in one week, take with food		
Indication: Exposure to scabies		

Disposition:

Follow-up at Sick Call as Needed

Other:

laundry on board
treatment plan in place

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/22/2021	Counseling	Access to Care	Caldwell, Annette	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 12/22/2021 10:18

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F Race: BLACK	Reg #: 52247-066
Date of Birth:	Provider: Caldwell, Annette ARNP	Facility: MNA
Encounter Date: 12/22/2021 10:13		Unit: X03

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP
 Chief Complaint: Skin Problem
 Subjective: Exposure to scabies, denies rash or itching.
 Pain: No

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Within Normal Limits

OBJECTIVE:

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
12/22/2021	10:14 MNA	168.0	76.2		Caldwell, Annette ARNP

Exam:

General

Affect

Yes: Cooperative

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Mental Health

Posture

Yes: Within Normal Limits

Affect

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth: 10/17/1977	Sex: F Race: BLACK	Facility: MNA
Note Date: 09/14/2021 11:12	Provider: Caldwell, Annette ARNP	Unit: X03

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Caldwell, Annette ARNP
refilling medication

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
203760-MNA	hydroCHLOROthiazide 25 MG Tab	09/14/2021 11:12
	<u>Prescriber Order:</u> Take one tablet (25 MG) by mouth each day for blood pressure and fluid x 180 day(s)	
	Indication: Vertigo of central origin	
203761-MNA	LevoTHYROXINE Sodium 75 MCG Tab	09/14/2021 11:12
	<u>Prescriber Order:</u> Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism x 180 day(s)	
	Indication: Hypothyroidism unspecified	
203762-MNA	Meloxicam 15 MG Tab	09/14/2021 11:12
	<u>Prescriber Order:</u> Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine** x 180 day(s)	
	Indication: Shoulder (pain in joint, shoulder region)	
204423-MNA	Omeprazole 20 MG Cap	09/14/2021 11:12
	<u>Prescriber Order:</u> Take one capsule by mouth daily x 180 day(s)	
	Indication: Esophageal reflux	
203764-MNA	Verapamil HCl 80 MG Tab	09/14/2021 11:12
	<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth twice daily to control blood pressure x 180 day(s)	
	Indication: Hypertension, Unspecified essential	

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 09/14/2021 11:16

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth: -----	Sex: F Race: BLACK	Facility: MNA
Note Date: 11/09/2021 13:55	Provider: Caldwell, Annette ARNP	Unit: X03

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Caldwell, Annette ARNP
renewing meds

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
205854-MNA	FLUoxetine HCl 10 MG Cap	11/09/2021 13:55
	<u>Prescriber Order:</u> Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam) x 180 day(s)	
	Indication: Adjustment disorder	
205855-MNA	OXcarbazepine 600 MG Tab	11/09/2021 13:55
	<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth twice daily x 180 day(s) Pill Line Only	
	Indication: Low back pain, lumbago, Sciatica	

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 11/09/2021 14:28

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth:	Sex: F Race: BLACK	Facility: MNA
Note Date: 09/01/2021 10:00	Provider: Floyd, Brett RN, QI/IPC	Unit: X03

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Floyd, Brett RN, QI/IPC
Covid testing

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Novel Coronavirus	One Time	09/02/2021 00:00	Routine
Labs requested to be reviewed by:	Archer, Kendes MD, CD		

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Floyd, Brett RN, QI/IPC on 09/01/2021 10:01

Requested to be cosigned by Albu-Gardner, Nikki MLP.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth: -----
Encounter Date: 08/13/2021 17:27

Sex: F Race: BLACK
Provider: Caldwell, Annette ARNP

Reg #: 52247-066
Facility: MNA
Unit: X03

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: Skin Problem

Subjective: Presents to medical with complaints of recurrent rash no lip swelling this time.

Pain: No

ROS:

Breasts

General

Yes: Within Normal Limits

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Within Normal Limits

OBJECTIVE:

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
08/13/2021	17:27	MNA 118/71				Caldwell, Annette ARNP

Exam:

General

Affect

Yes: Cooperative

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Mental Health

Posture

Yes: Within Normal Limits

Affect

Yes: Within Normal Limits

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth: 08/11/2021
Encounter Date: 08/11/2021 08:07

Sex: F Race: BLACK
Provider: Hamilton, Richard O.D.

Reg #: 52247-066
Facility: MNA
Unit: X03

Optometry - Optometry Exam encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Hamilton, Richard O.D.
Chief Complaint: Eyes/Vision Problems
Subjective: +HTN and cataracts OU. GLC suspect.
Pain: No

Vision Screen on 08/11/2021 08:08

Blindness:

Distance Vision: Right Eye: Left Eye: Both Eyes:

Near Vision: Right Eye: Left Eye: Both Eyes:

With Corrective Lenses

Distance Vision: Right Eye: 20/30 Left Eye: 20/30 Both Eyes:

Near Vision: Right Eye: Left Eye: Both Eyes:

Present Glasses - Distance

	Sphere	Cylinder	Axis	Add
R:	+0.50	-0.25	88	+2.25
L:	+0.75	-0.25	95	+2.25

Refraction - Distance

	Sphere	Cylinder	Axis	Add
R:	+1.25			+2.25
L:	+1.50	-0.50	95	+2.25

Color Test:

Tonometry: L: 14 R: 14

Comments: BVA OD 20/25 OS 20/25 OU 20/25+

Medication allergies: NKMA

Slit Lamp Exam

OU OD OS

Angle: 4+
Lids/Lashes: Clear
Corneas: Clear

Fundus

DFE: 1% Trop OU @ 8:16 am
AV Ratio: 0.7
MR: +
Lens: 1+ NS
Vitreous: Clear
CD Ratio: 0.3

Assessment: 1. No HTR
2. Cataracts OU
3. Hyperopia w/ Presbyopia OU

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 08/13/2021	Provider: Caldwell, Annette ARNP	Facility: MNA	Unit: X03
Encounter Date: 08/13/2021 17:27			

Mood

Yes: Within Normal Limits

Exam Comments

faint hives evident to forehead and bilateral arms

ASSESSMENT:

Dermatitis/eczema due to unspecified cause, 692.9 - Current

PLAN:**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
206718-MNA	methyIPREDNISolone 4 MG Tab [21 count Pack]	08/13/2021 17:27

Prescriber Order: Take by mouth daily as directed on package x 6 day(s)

Indication: Dermatitis/eczema due to unspecified cause

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/13/2021	Counseling	Access to Care	Caldwell, Annette	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Caldwell, Annette ARNP on 08/13/2021 17:30

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 08/11/2021 08:07

Sex: F Race: BLACK
Provider: Hamilton, Richard O.D.

Reg #: 52247-066
Facility: MNA
Unit: X03

Bifocal Power Left: 2.25
Segment Height Right: 20
Segment Height Left: 20
Pupillary Width Distance Right: 63
Pupillary Width Near Right: 61
Frame Material: Plastic
Straight Top: X
28: X
Frame Style: FPI-2
Frame Color: Tort
Eye Size: 54
Bridge Size: 24
Temple Length and Style: 150

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Hamilton, Richard O.D. on 08/11/2021 08:45

Requested to be cosigned by Archer, Kendes MD, CD.

Cosign documentation will be displayed on the following page.

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 08/11/2021	Provider: Hamilton, Richard O.D.	Facility: MNA	Unit: X03
Encounter Date: 08/11/2021 08:07			

Plan: 1-2. RTC in 2 years
3. Rx glasses

OBJECTIVE:**Exam:****Eyes****Slit Lamp**

Yes: Normal Exam

Periorbital/Orbital/Lids

Yes: Normal Appearing

Conjunctiva and Sclera

Yes: Within Normal Limits

Cornea and Lens

Yes: Normal Appearing, Cataract: Nuclear

Iris

Yes: Normal Appearing

Pupils

Yes: Normal Appearing, PERRLA

Fundus Exam

Yes: Grossly Normal Retina

ASSESSMENT:

Age-related cataract, H259 - Current

PLAN:**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Optometry	08/09/2023	08/09/2023	Routine	No	
Subtype:					
Optometry					
Reason for Request:					
RTC in 23 years due to Hypertension and cataracts. No retinopathy was seen today.					

Disposition:

Will Be Placed on Callout

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/11/2021	Counseling	Plan of Care	Hamilton, Richard	Verbalizes Understanding

Spec Rx: Completed on 08/11/2021 08:19

Sphere Right: +1.25

Sphere Left: +1.50

Cylinder Left: -0.50

Axis Left: 95

Bifocal Power Right: 2.25

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth: 10/15/1977
Encounter Date: 07/07/2021 07:00

Sex: F Race: BLACK
Provider: Caldwell, Annette ARNP

Reg #: 52247-066
Facility: MNA
Unit: X03

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: GENERAL

Subjective: Presents to medical with complaints of lip swelling and itching since last night. Recurrent issue. No anaphylaxis reported. Unable to identify what the possible culprit could be for these reactions.

Pain: No

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue, Fever

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Within Normal Limits

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/07/2021	07:00	MNA	98.0	36.7	Caldwell, Annette ARNP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/07/2021	07:00	72			Caldwell, Annette ARNP

Respirations:

Date	Time	Rate Per Minute	Provider
07/07/2021	07:00	MNA	18 Caldwell, Annette ARNP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/07/2021	07:00	MNA	113/72			Caldwell, Annette ARNP

SaO2:

Date	Time	Value(%)	Air	Provider
07/07/2021	07:00	MNA	100	Caldwell, Annette ARNP

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 01/01/1977
 Encounter Date: 07/07/2021 07:00

Sex: F Race: BLACK
 Provider: Caldwell, Annette ARNP

Reg #: 52247-066
 Facility: MNA
 Unit: X03

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
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One Time Dose Given: Given Now

Disposition:

Follow-up at Sick Call as Needed

Other:

inmate to finish medrol dose pack

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/07/2021	Counseling	Access to Care	Caldwell, Annette	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 07/07/2021 14:51

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 07/07/2021 07:00

Sex: F Race: BLACK
 Provider: Caldwell, Annette ARNP

Reg #: 52247-066
 Facility: MNA
 Unit: X03

Exam:**General****Affect**

Yes: Cooperative

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Auscultation

Yes: Clear to Auscultation

Cardiovascular**Observation**

Yes: Within Normal Limits

Auscultation

Yes: Regular Rate and Rhythm (RRR)

Mental Health**Posture**

Yes: Within Normal Limits

Affect

Yes: Within Normal Limits

Mood

Yes: Within Normal Limits

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

Exam Comments

swelling evident to top lip
 no respiratory issues
 faint hives evident to forehead and bilateral arms

ASSESSMENT:

Dermatitis/eczema due to unspecified cause, 692.9 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	MethylPREDNISolone Sod Succinate Inj	07/07/2021 07:00
	<u>Prescriber Order:</u> 40mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only	
	Indication: Dermatitis/eczema due to unspecified cause	
	Start Now: Yes	
	Night Stock Rx#:	
	Source: Pyxis	
	Admin Method: Pill Line	
	Stop Date: 07/07/2021 07:00	
	MAR Label: 40mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only	

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 06/29/2021 17:03

Sex: F Race: BLACK
 Provider: Caldwell, Annette ARNP

Reg #: 52247-066
 Facility: MNA
 Unit: X03

Exam:**General****Affect**

Yes: Cooperative

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Mental Health**Posture**

Yes: Within Normal Limits

Affect

Yes: Within Normal Limits

Mood

Yes: Within Normal Limits

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

Dermatitis/eczema due to unspecified cause, 692.9 - Current

PLAN:**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
zAllergy Testing-General-Gluten (f79) IgE	One Time	07/29/2021 00:00	Routine
Labs requested to be reviewed by:	Archer, Kendes MD, CD		

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 06/29/2021 17:04

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F Race: BLACK	Reg #: 52247-066
Date of Birth:	Provider: Caldwell, Annette ARNP	Facility: MNA
Encounter Date: 06/29/2021 17:03		Unit: X03

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: Skin Problem

Subjective: Recurrent hives today on forehead, both arms, and legs. Reports onset 3-4 weeks ago and has just progressively worse with itching. Received Benadryl over the weekend which stopped itching but did not take away rash. Denies ingesting new foods or using different skin products. No new environmental factor exposure.

Pain: Yes

Pain Assessment

Date: 06/29/2021 09:41
 Location: Generalized
 Quality of Pain: Burning
 Pain Scale: 9
 Intervention: tbd
 Trauma Date/Year:
 Injury: activity and posture
 sciatic nerve
 Mechanism:
 Onset: 1 Month
 Duration: 1 Month
 Exacerbating Factors: unknown
 Relieving Factors: unknown
 Reason Not Done:
 Comments:

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue, Fever

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Within Normal Limits

No: Suicide/Self-Harm Thoughts, Homicide/Other Harm Thoughts

OBJECTIVE:

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth: -----
Encounter Date: 06/29/2021 09:40

Sex: F Race: BLACK
Provider: Pittman, Brandy RN

Reg #: 52247-066
Facility: MNA
Unit: X03

Nursing - Follow up encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Pittman, Brandy RN

Chief Complaint: Skin Problem

Subjective: "I have these hives all over my body. A couple of weeks ago this happened and they treated me with some pills."

Pain: Yes

Pain Assessment

Date: 06/29/2021 09:41

Location: Generalized

Quality of Pain: Burning

Pain Scale: 9

Intervention: tbd

Trauma Date/Year:

Injury: activity and posture
sciatic nerve

Mechanism:

Onset: 1 Month

Duration: 1 Month

Exacerbating Factors: unknown

Relieving Factors: unknown

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/29/2021	09:42 MNA	97.1	36.2		Pittman, Brandy RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/29/2021	09:42	67			Pittman, Brandy RN

Respirations:

Date	Time	Rate Per Minute	Provider
06/29/2021	09:42 MNA	16	Pittman, Brandy RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/29/2021	09:42 MNA	126/72				Pittman, Brandy RN

SaO2:

Date	Time	Value(%)	Air	Provider
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**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 06/27/2021 18:30

Sex: F Race: BLACK
Provider: DePaul, Stephanie RN

Reg #: 52247-066
Facility: MNA
Unit: X03

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: DePaul, Stephanie RN

Chief Complaint: Skin Problem

Subjective: "I am breaking out again on my face"

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/28/2021	12:44	MNA	97.7	36.5	DePaul, Stephanie RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/28/2021	12:44	80			DePaul, Stephanie RN

Respirations:

Date	Time	Rate Per Minute	Provider
06/28/2021	12:44	MNA	15 DePaul, Stephanie RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/28/2021	12:44	MNA	134/78			DePaul, Stephanie RN

SaO2:

Date	Time	Value(%)	Air	Provider
06/28/2021	12:44	MNA	99	DePaul, Stephanie RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

Exam Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

AA0x3, steady gait, no s/sx of distress noted, no respiratory distress noted. Inmate comes to medical stating her hives have gotten worse since she questioned me about it at 1530. she has welts to her forehead, inner arms and right upper back. She said this has been an ongoing issue and was controlled when she was "on some pills for it" but as soon as she stopped the medication the welts started coming back but explains that today it is much worse than before. Per protocol, Benadryl 50mg IM given in left deltoid. Instructed to f/u with medical tomorrow morning if condition persists.

Instructed to return to sick call if any s/sx discussed or if complaint is not resolved or worsens.

Inmate Name: ORDAZ, LAZARA
 Date of Birth: -----
 Encounter Date: 06/29/2021 09:40

Sex: F Race: BLACK
 Provider: Pittman, Brandy RN

Reg #: 52247-066
 Facility: MNA
 Unit: X03

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/29/2021	09:42 MNA	99		Pittman, Brandy RN

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

Exam Comments

Inmate seen at s/c for c/o hives all over her body. Inmate was informed that I would speak to Ms. Caldwell about seeing so that we can figure out a plan of care to treat the hives as this has become a recurrent issue. Inmate is a&ox4, eyes PERRLA, EOM intact, speech clear, moving all extremities equally, and in no apparent distress.

ASSESSMENT:

Condition Stable

PLAN:

Disposition:

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/29/2021	Counseling	Access to Care	Pittman, Brandy	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Pittman, Brandy RN on 06/29/2021 09:47

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 06/27/2021	Provider: DePaul, Stephanie RN	Facility: MNA	Unit: X03
Encounter Date: 06/27/2021 18:30			

ASSESSMENT:

Allergic Response

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	diphenhydrAMINE Injection	06/27/2021 18:30
<u>Prescriber Order:</u> 50 mg Intramuscularly one time PRN x 1 day(s) Pill Line Only		
Start Now: Yes		
Night Stock Rx#:		
Source: Pyxis		
Admin Method: Pill Line		
Stop Date: 06/28/2021 18:29		
MAR Label: 50 mg Intramuscularly one time PRN x 1 day(s) Pill Line Only		
One Time Dose Given: No		

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/28/2021	Counseling	Access to Care	DePaul, Stephanie	Verbalizes Understanding
06/28/2021	Counseling	Plan of Care	DePaul, Stephanie	Verbalizes Understanding

Copay Required: Yes **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Archer, Kendes MD, CD
Telephone or Verbal order read back and verified.

Completed by DePaul, Stephanie RN on 06/28/2021 12:55
 Requested to be cosigned by Archer, Kendes MD, CD.
 Cosign documentation will be displayed on the following page.
 Requested to be reviewed by Caldwell, Annette ARNP.
 Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 06/11/2021 07:45

Sex: F Race: BLACK
Provider: Caldwell, Annette ARNP

Reg #: 52247-066
Facility: MNA
Unit: X03

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: Skin Problem

Subjective: Recurrent pruritic rash to back and arms which responds well to Benadryl and Steroids.

Pain: No

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue, Fever

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Within Normal Limits

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/11/2021	07:45 MNA	97.3	36.3		Caldwell, Annette ARNP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/11/2021	07:45	66			Caldwell, Annette ARNP

Respirations:

Date	Time	Rate Per Minute	Provider
06/11/2021	07:45 MNA	18	Caldwell, Annette ARNP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/11/2021	07:45 MNA	112/79				Caldwell, Annette ARNP

SaO2:

Date	Time	Value(%)	Air	Provider
06/11/2021	07:45 MNA	100		Caldwell, Annette ARNP

Exam:

General

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: -----	Provider: Caldwell, Annette ARNP	Facility: MNA	Unit: X03
Encounter Date: 06/11/2021 07:45			

Affect

Yes: Cooperative

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits

Mental Health**Posture**

Yes: Within Normal Limits

Affect

Yes: Within Normal Limits

Mood

Yes: Within Normal Limits

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

Exam Comments

slightly raised red circular/papular rash to back and arms

ASSESSMENT:

Rash and other nonspecific skin eruption, R21 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	diphenhydrAMINE Injection	06/11/2021 07:45
	<u>Prescriber Order:</u> 50mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only	
	Indication: Rash and other nonspecific skin eruption	
	Start Now: Yes	
	Night Stock Rx#:	
	Source: Pyxis	
	Admin Method: Pill Line	
	Stop Date: 06/11/2021 07:45	
	MAR Label: 50mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only	
	One Time Dose Given: Given Now	
	MethylPREDNISolone Tab 4 MG (Dose	06/11/2021 07:45
	Pack 21 tab)	
	<u>Prescriber Order:</u> 4mg Orally - daily x 6 day(s)	
	Indication: Rash and other nonspecific skin eruption	

Disposition:

Follow-up at Sick Call as Needed

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 05/26/2021 16:49

Sex: F Race: BLACK
Provider: Caldwell, Annette ARNP

Reg #: 52247-066
Facility: MNA
Unit: X03

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: ORTHOPEDIC/RHEUMATOLOGY

Subjective: Reports long history of sciatic pain which causes her to limp at times, aggravated by sitting long periods. Reports fell at work and is concerned she may have injured her left wrist/hand area. Requests to stop Elavil because it does not help with the pain and just causes her to sleep, wants to increase Trileptal.

Pain: Yes

Pain Assessment

Date: 05/10/2021 12:03
Location: Generalized
Quality of Pain: Aching
Pain Scale: 8
Intervention: TBD
Trauma Date/Year:
Injury: activity and posture
sciatic nerve
Mechanism:
Onset: 2-6 Months
Duration: 2-6 Months
Exacerbating Factors: Unknown
Relieving Factors: Unknown
Reason Not Done:
Comments:

COMPLAINT 2 Provider: Caldwell, Annette ARNP

Chief Complaint: MENTAL HEALTH

Subjective: Wants to re-start Fluoxetine, thought she did not need it but depression symptoms have returned.

Pain: No

COMPLAINT 3 Provider: Caldwell, Annette ARNP

Chief Complaint: Female Health Complaint

Subjective: Reports no longer having burning with urination.

Pain: No

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue

Cardiovascular

General

Yes: Within Normal Limits

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 05/26/2021 16:49

Sex: F Race: BLACK
 Provider: Caldwell, Annette ARNP

Reg #: 52247-066
 Facility: MNA
 Unit: X03

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Mood-Down

No: Suicide/Self-Harm Thoughts, Homicide/Other Harm Thoughts

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
05/26/2021	16:51 MNA	98.0	36.7		Caldwell, Annette ARNP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
05/26/2021	16:51	77			Caldwell, Annette ARNP

Respirations:

Date	Time	Rate Per Minute	Provider
05/26/2021	16:51 MNA	18	Caldwell, Annette ARNP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
05/26/2021	16:51 MNA	128/77				Caldwell, Annette ARNP

SaO2:

Date	Time	Value(%)	Air	Provider
05/26/2021	16:51 MNA	100		Caldwell, Annette ARNP

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
05/26/2021	16:51 MNA	171.4	77.7		Caldwell, Annette ARNP

Exam:

General

Affect

Yes: Cooperative

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Mental Health

Affect

Yes: Appropriate

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See

Inmate Name: ORDAZ, LAZARA

Date of Birth:

Sex: F Race: BLACK

Reg #: 52247-066

Encounter Date: 05/26/2021 16:49

Provider: Caldwell, Annette ARNP

Facility: MNA

Unit: X03

Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

Low back pain, lumbago, 724.2 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	OXcarbazepine Tablet	05/26/2021 16:49
	<u>Prescriber Order:</u> 600mg Orally - Two Times a Day x 180 day(s) Pill Line Only -- May self carry	
	Indication: Low back pain, lumbago, Sciatica	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
203759-MNA	FLUoxetine HCl 10 MG Cap	05/26/2021 16:49
	<u>Prescriber Order:</u> Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam) x 180 day(s)	
	Indication: Adjustment disorder	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
204422-MNA	Amitriptyline 25 MG Tab	05/26/2021 16:49
	<u>Prescriber Order:</u> Take one tablet by mouth daily	
	Discontinue Type: Immediate	
	Discontinue Reason: discontinue	
	Indication:	
203763-MNA	OXcarbazepine 600 MG Tab	05/26/2021 16:49
	<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth every night at bedtime for pain	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: new order written	
	Indication:	

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Hand-General [Left]	One Time		06/02/2021	Routine
Specific reason(s) for request (Complaints and findings):				
fall				
General Radiology-Elbow-General [Left]	One Time		06/03/2021	Routine
Specific reason(s) for request (Complaints and findings):				
fall				

Disposition:

Follow-up at Sick Call as Needed

Other:

increase Trileptal continue self PT, DC Elavil
 re-start fluoxetine, inmate signed consent

Patient Education Topics:

Inmate Name: ORDAZ, LAZARA
 Date of Birth: -----
 Encounter Date: 05/25/2021 09:34

Sex: F Race: BLACK
 Provider: Pittman, Brandy RN

Reg #: 52247-066
 Facility: MNA
 Unit: X03

Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

Condition Stable

PLAN:

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Wrist-2 View AP/Lat [Left]	One Time		06/02/2021	Routine

Specific reason(s) for request (Complaints and findings):

left wrist swollen after fall on 5/24

Disposition:

Discharged to Housing Unit-No Restrictions

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/25/2021	Counseling	Access to Care	Pittman, Brandy	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Pittman, Brandy RN on 05/25/2021 09:47

Requested to be cosigned by Archer, Kendes MD, CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth:	Provider: Pittman, Brandy RN	Facility: MNA	Unit: X03
Encounter Date: 05/25/2021 09:34			

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:

INJURY 1 **Provider:** Pittman, Brandy RN

Date of Injury: 05/24/2021 13:45 **Date Reported for Treatment:** 05/25/2021 09:34

Work Related: No **Work Assignment:** RECYCLE

Pain Location:

Pain Scale: 7

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

walking at work and fell

Cause of Injury (Inmate's Statement of how injury occurred):

I was walking and tripped over my feet and fell

Symptoms (as reported by inmate):

pain in left wrist/swollen

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/25/2021	09:39 MNA	98.0	36.7		Pittman, Brandy RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/25/2021	09:39	96			Pittman, Brandy RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/25/2021	09:39 MNA	16	Pittman, Brandy RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/25/2021	09:39 MNA	114/73				Pittman, Brandy RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/25/2021	09:39 MNA	99		Pittman, Brandy RN

Exam Comments

Inmate reports to medical d/t injury sustained yesterday while at work. Inmate states, "I was walking at work and tripped and fell. I don't want to cause a lot of fuss it is just hurting today and I would like to get it wrapped up." Left wrist was visibly swollen. Ace wrap applied to left wrist. Will schedule for xray to r/o fracture. Otherwise inmate a&ox3, MAEE, and in no apparent distress.

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 12/17	Provider: Floyd, Brett RN, QI/IPC	Facility: MNA	Unit: X03
Encounter Date: 05/10/2021 12:03			

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
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Exam:**General****Affect**

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

Pulmonary**Observation/Inspection**

No: Respiratory Distress

Cardiovascular**Observation**

No: Cardiopulmonary Distress

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

Reports chronic sciatic nerve pain.

Denies any HA, dizziness, SOB, chest pain, fever, chills, DOE, nausea, vomiting, diarrhea, dysuria, confusion, dysphasia, tingling, numbness, weakness, fatigue or visual changes.

Gait is WNL at triage.

Exam Comments

Denies any recent trauma.

Comments

Will schedule to see provider for complaints of sciatic like pain.

ASSESSMENT:

Condition Stable

PLAN:**Other:**

Already on scheduler for sciatic like pain and pain with urination.
Updated complaint.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/10/2021	Counseling	Access to Care	Floyd, Brett	Verbalizes Understanding
05/10/2021	Counseling	Plan of Care	Floyd, Brett	Verbalizes Understanding

Copay Required: Yes

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Floyd, Brett RN, QI/IPC on 05/10/2021 12:07

Requested to be cosigned by Archer, Kendes MD, CD.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 05/10/2021	Provider: Floyd, Brett RN, QI/IPC	Facility: MNA	Unit: X03
Encounter Date: 05/10/2021 12:03			

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Floyd, Brett RN, QI/IPC

Chief Complaint: Pain

Subjective: "My sciatic nerve is bothering me and it has been bothering me" "I need to see someone for it"

Pain: Yes

Pain Assessment

Date: 05/10/2021 12:03

Location: Generalized

Quality of Pain: Aching

Pain Scale: 8

Intervention: TBD

Trauma Date/Year:

Injury: activity and posture
sciatic nerve

Mechanism:

Onset: 2-6 Months

Duration: 2-6 Months

Exacerbating Factors: Unknown

Relieving Factors: Unknown

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/10/2021	12:03 MNA	96.8	36.0		Floyd, Brett RN, QI/IPC

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/10/2021	12:03	73			Floyd, Brett RN, QI/IPC

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/10/2021	12:03 MNA	16	Floyd, Brett RN, QI/IPC

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/10/2021	12:03 MNA	146/80				Floyd, Brett RN, QI/IPC

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/10/2021	12:03 MNA	97		Floyd, Brett RN, QI/IPC

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F Race: BLACK	Reg #: 52247-066
Date of Birth: -----	Provider: Pittman, Brandy RN	Facility: MNA
Encounter Date: 04/26/2021 12:56		Unit: X03

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Pittman, Brandy RN

Chief Complaint: Other Problem

Subjective: "When I pee it hurts and my sciatic nerve has been bothering me."

Pain: Yes

Pain Assessment

Date: 04/26/2021 12:57

Location: Other

Quality of Pain: Sharp

Pain Scale: 8

Intervention: tbd

Trauma Date/Year:

Injury: activity and posture
sciatic nerve

Mechanism:

Onset: 1-2 Weeks

Duration: 1-2 Weeks

Exacerbating Factors: unknown

Relieving Factors: unknown

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/26/2021	12:58 MNA	98.4	36.9		Pittman, Brandy RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/26/2021	12:58	71			Pittman, Brandy RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/26/2021	12:58 MNA	17	Pittman, Brandy RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/26/2021	12:58 MNA	128/78				Pittman, Brandy RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/26/2021	12:58 MNA	98		Pittman, Brandy RN

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth: -----
Encounter Date: 04/09/2021 09:25

Sex: F Race: BLACK
Provider: Archer, Kendes MD, CD

Reg #: 52247-066
Facility: MNA
Unit: X03

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Archer, Kendes MD, CD

Chief Complaint: Chronic Care Clinic

Subjective: Patient is a 62-year-old black Hispanic female with a past medical history significant for Hypothyroidism, Hypertension, GERD, Vertigo and Osteoarthritis. Most recent PPD (5/11/20) =0mm. Patient reports prior to incarceration, she was not regularly being followed by a physician for her chronic medical issues. On this clinic visit, patient has no acute complaints related to her above chronic care issues. Patient reports being compliant with current medication regimen. Patient denies any adverse reaction. Patient attends to ADLs, and tolerating a regular diet. Patient currently, denies chest pain, nausea, vomiting constipation, diarrhea, blurred vision, headaches, suicidal and homicidal ideation, hallucination, denies motor and sensory deficit at this time and all other symptoms.

Patient was counseled regarding nutrition and to pick heart healthy items out of the main line, to maintain a routine exercise regimen, she was encouraged to avoid substance abuse, drugs and alcohol. She received counseling regarding infectious disease risk such as having sex while in prison and/or receiving in-house tattoos.

Family History: non-contributory
Social History: Polysubstance abuse ---denies
Past Surgical History/Hospitalization(s): None
Mental Health History: None
Allergies reviewed: NKDA

Pain: No

Seen for clinic(s): Endocrine/Lipid, Gastrointestinal, General, Hypertension, Orthopedic/Rheumatology

ROS:

General

Constitutional Symptoms

No: Chills, Easily Tired, Fatigue

HEENT

Neck

No: Pain, Stiffness, Swelling

Cardiovascular

General

No: Cough, Cyanosis, Edema, Exertional dyspnea

Pulmonary

Respiratory System

No: Cough, lasting greater than one week, DOE, Dyspnea

GI

General

No: Belching, Bloating, Blood in Stools

Endocrine

General

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 04/26/2021	Provider: Pittman, Brandy RN	Facility: MNA	Unit: X03
Encounter Date: 04/26/2021 12:56			

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
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Exam Comments

Inmate reports to sick call with c/o of pain upon urination and sciatic nerve pain. Inmate is a&ox3, eyes PERRLA, EOM intact, speech clear, moving all extremities equally, and in no apparent distress. Urine dipstick performed and no abnormalities were noted, urine was yellow and clear. Will place on schedule to see provider.

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up	05/11/2021 00:00	MLP 02
pain upon urination-urine dipstick revealed nothing		
sciatic pain		

Disposition:

Discharged to Housing Unit-No Restrictions

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/26/2021	Counseling	Access to Care	Pittman, Brandy	Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Pittman, Brandy RN on 04/26/2021 13:03

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 04/09/2021 09:25

Sex: F Race: BLACK
 Provider: Archer, Kendes MD, CD

Reg #: 52247-066
 Facility: MNA
 Unit: X03

No: M/R/G

Peripheral Vascular

Legs

No: Homan's Sign, Calf Tenderness, Toe Ulceration(s), Ankle Ulceration(s)

Abdomen

Inspection

No: Dilated Veins, Ascites, Rash

Auscultation

Yes: Normo-Active Bowel Sounds

Percussion

Yes: Tympany, Normal Liver Span

Palpation

Yes: Soft

No: Guarding, Rigidity, Tenderness on Palpation

ROS comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

Anemia, unspecified, 285.9 - Current

Dermatitis/eczema due to unspecified cause, 692.9 - Current

Esophageal reflux, 530.81 - Current

Hypertension, Unspecified essential, 401.9 - Current

Hypothyroidism unspecified, 244.9 - Current

Sciatica, 724.3 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Amitriptyline Tablet	04/09/2021 09:25
	<u>Prescriber Order:</u> 25mg Orally - daily x 90 day(s) Pill Line Only	
	Indication: Sciatica	
	Omeprazole Capsule	04/09/2021 09:25
	<u>Prescriber Order:</u> 20mg Orally - daily x 180 day(s)	
	Indication: Esophageal reflux	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
203759-MNA	FLUoxetine HCl 10 MG Cap	04/09/2021 09:25
	<u>Prescriber Order:</u> Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: discontinue	
	Indication:	

Inmate Name: ORDAZ, LAZARA	Sex: F Race: BLACK	Reg #: 52247-066
Date of Birth: -----	Provider: Archer, Kendes MD, CD	Facility: MNA
Encounter Date: 04/09/2021 09:25		Unit: X03

Yes: Hx of Thyroid Dx

No: Exophthalmos, Goiter, Hair Changes, Intolerance to Heat/Cold

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/12/2021	12:51 MNA	98.2	36.8	Oral	Archer, Kendes MD, CD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/12/2021	12:51	78	Via Machine	Regular	Archer, Kendes MD, CD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/12/2021	12:51 MNA	16	Archer, Kendes MD, CD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/12/2021	12:51 MNA	116/73	Right Arm	Sitting	Adult-regular	Archer, Kendes MD, CD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/12/2021	12:51 MNA	98	Room Air	Archer, Kendes MD, CD

Exam:**General****Affect**

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well

Head**General**

Yes: Atraumatic/Normocephalic

Eyes**General**

Yes: PERRLA, Extraocular Movements Intact

Fundus Exam

Yes: Grossly Normal Retina

Neck**Thyroid**

No: Multinodular, Nodule, Tenderness

Pulmonary**Auscultation**

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Sex:	F Race: BLACK
Note Date:	03/17/2021 12:37	Facility:	COL
		Unit:	F01
		Provider:	Festa, M. APRN

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Festa, M. APRN

Will remove duplicate lab orders at this time.

Discontinued Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Novel Coronavirus	One Time	03/26/2021 00:00	Routine
Lab Tests-C-COVID-19 Novel Coronavirus	One Time	04/09/2021 00:00	Routine

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Festa, M. APRN on 03/17/2021 12:38

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 04/09/2021
 Encounter Date: 04/09/2021 09:25

Sex: F Race: BLACK
 Provider: Archer, Kendes MD, CD

Reg #: 52247-066
 Facility: MNA
 Unit: X03

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Chronic Care Clinics-Endocrine/Lipid-CBC	One Time	05/10/2021 00:00	Routine
Chronic Care Clinics-Endocrine/Lipid-Lipid Profile			
Chronic Care Clinics-Endocrine/Lipid-TSH			
Chronic Care Clinics-Endocrine/Lipid-Comprehensive Metabolic Profile (CMP)			

Disposition:

Follow-up at Sick Call as Needed
 Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/12/2021	Counseling	Access to Care	Archer, Kendes	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Archer, Kendes MD, CD on 04/12/2021 13:07

Inmate Name: ORDAZ, LAZARA	Sex: F	Reg #: 52247-066
Date of Birth: 03/17/1977	Provider: Albu-Gardner, Nikki MLP	Race: BLACK
Encounter Date: 03/30/2021 09:54		Facility: MNA

Yes: Vital Signs w/O2 sat recorded in flowsheet, History of COVID (Date of + Result: June 2020)

No: Cough, Shortness of Breath

HIV History:

When Tested: 2017
Test Result: Negative
When Diagnosed AIDS:
Last CD4:
Comments:

Hepatitis: Denied

Other Infectious Diseases:

Syphilis: No
Syphilis Last Treatment: N/A
Genital Warts: No
Chlamydia: No
Gonorrhea: No
Herpes: No
Chicken Pox: Yes
Other: No

Comments: chicken pox as a child

Last Hep B came back positive, please follow up

Abuse History: Denied

Physical: No
Emotional: No
Sexual: No
Comments: denies

**Bureau of Prisons
Health Services
Health Screen**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066	
Date of Birth: [REDACTED]	Sex: F	Race: BLACK	
Encounter Date: 03/30/2021 09:54	Provider: Albu-Gardner, Nikki MLP	Facility: MNA	

Seizures: Denied**Diabetes:** Denied**Cardiovascular:** Denied**CVA:** Denied**Hypertension:****Age of Onset:****Comments:** HTN X 8 years. Well-controlled with diet, exercise and medications.**Respiratory:** Denied**Sickle Cell Anemia:** Denied**Carcinoma/Lymphoma:** Denied**Allergies:** Denied**Tuberculosis:****Hx of Previous Disease:** No**Blood-tinged Sputum:** No**Night Sweats:** No**Weight Loss:** No**Fever:** No**Cough:** No**Comments:****Infectious Disease Risk Factors:****IV Drug Use:** No**IV Drug Use Needles:****Sexual Partner IV Drug Use:** No**Sexual Partner IV Drug Use Needles:****Female Sexual Partners (Last 5 Yrs):** 1**Male Sexual Partners (Last 5 Yrs):** None**Condom Use:** Never**Sexual Contact With HIV+ Individual:** No**Blood Product Transfusion:** No**Travel Outside US:** No**Tattoos:** No**Comments:****Screenings:****COVID-19****Intake screening**

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 03/30/2021 09:54

Sex: F
 Provider: Albu-Gardner, Nikki MLP

Reg #: 52247-066
 Race: BLACK
 Facility: MNA

Observations:

Draining Skin Lesions: No
 Signs of Lice: No
 Signs of Scabies: No
 Signs of Recent Trauma: No
 Recent Tattoos: No
 Needle Marks: No
 Signs of Rash: No
 Open Sores: No
 Wounds: No
 Body Deformities: No
 Tremors: No
 Sweating: No
 Comments:

Alerts:

Alert

Pre-medicate

Start Date

01/05/2010

Stop Date

Comments: Metal screw LEFT shoulder from surgery 11/2009

Prosthetic Devices/Equipment:

Device/Equipment

Obtained From

Pillow

BOP

Comments:

Eye Glasses

Personal

Comments:

Eye Glasses

BOP

Comments:

Brace - knee

BOP

Comments: right knee and left knee

Eye Glasses

BOP

Comments:

C-Pap

BOP

Comments:

Potential Items For Follow-up:

Item

Hypertension History

Other Infectious Disease History

Substance Abuse History

Inmate Name: ORDAZ, LAZARA	Sex: F	Reg #: 52247-066
Date of Birth: 03/30/2021	Provider: Albu-Gardner, Nikki MLP	Race: BLACK
Encounter Date: 03/30/2021 09:54		Facility: MNA

Mental Health:**Level of Consciousness:** Alert and Oriented**Psychomotor Activity:** Normal**General Appearance:** Normal**Behavior:** Cooperative**Mood:** Appropriate to Content**Thought Process:** Goal Directed**Thought Content:** Normal**Hx of Mental Health Treatment:** None**Hx of Head Injury:** None**Current Mental Health Treatment:** No**Current Mental Health Complaint:** No**Hx of Loss of Consciousness:** No**Hx of Hearing Voices:** No**Past History of Suicide Attempt:** No**Current Suicide Ideation:** No**Suicide Prevention Initiated:** No**Comments:** Taking Sertraline, stable
22 years incarcerated**Substance Use History:**

	<u>Last Used</u>	<u>Frequency</u>	<u>Route</u>	<u>Type</u>	<u>Amount</u>
Marijuana	> 5 years	Daily	Smoked		

Hx of Withdrawal Symptoms:**Comments:** back in 1998 smoked it**Current Painful Condition:****Location:** Left Shoulder pain and lower back pain**Other Health Issues:****Current Medical Conditions:****Other Current Treatments:****Pregnant:** No**Dental Condition:** Denied

Inmate Name: ORDAZ, LAZARA
 Date of Birth: _____
 Encounter Date: 03/30/2021 09:54

Sex: F
 Provider: Albu-Gardner, Nikki MLP

Reg #: 52247-066
 Race: BLACK
 Facility: MNA

Item

Current Painful Condition
 Brace - knee
 C-Pap
 Eye Glasses
 Pillow
 Pre-medicate
 PPD Administration Not Performed

Health Problems Newly Identified During This Encounter:

Health Problem**Medication Reconciliation.**

The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
1009567-COX	Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab <u>Prescriber Order:</u> Take one tablet (1000 UNIT) by mouth each day x 365 day(s) Indication: Vitamin D deficiency	03/30/2021 09:54
1012071-COX	Ferrous Gluconate 324 (5 GR) MG Tab <u>Prescriber Order:</u> Take one tablet by mouth each day with food x 365 day(s) Indication: Anemia, unspecified	03/30/2021 09:54
1032125-COX	FLUoxetine HCl 10 MG Cap <u>Prescriber Order:</u> Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam) x 180 day(s) Indication: Adjustment disorder	03/30/2021 09:54
1032126-COX	hydroCHLORothiazide 25 MG Tab <u>Prescriber Order:</u> Take one tablet (25 MG) by mouth each day for blood pressure and fluid x 180 day(s) Indication: Vertigo of central origin	03/30/2021 09:54
1032127-COX	LevoTHYROXINE Sodium 75 MCG Tab <u>Prescriber Order:</u> Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism x 180 day(s) Indication: Hypothyroidism unspecified	03/30/2021 09:54
1029860-COX	Meloxicam 15 MG Tab <u>Prescriber Order:</u> Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine** x 180 day(s) Indication: Shoulder (pain in joint, shoulder region)	03/30/2021 09:54
1033171-COX	Nystatin Cream 100,000 Unit/GM [30 GM]	03/30/2021 09:54

Inmate Name: ORDAZ, LAZARA
 Date of Birth: -----
 Encounter Date: 03/30/2021 09:54

Sex: F
 Provider: Albu-Gardner, Nikki MLP

Reg #: 52247-066
 Race: BLACK
 Facility: MNA

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
<u>Prescriber Order:</u> Apply topically to the affected area(s) twice daily x 5 day(s)		
Indication: Dermatitis/eczema due to unspecified cause		
1032128-COX	OXcarbazepine 600 MG Tab	03/30/2021 09:54
<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth every night at bedtime (pain) x 180 day(s) Pill Line Only		
Indication: Low back pain, lumbago, Sciatica		
1032129-COX	Verapamil HCl 80 MG Tab	03/30/2021 09:54
<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth twice daily to control blood pressure x 180 day(s)		
Indication: Hypertension, Unspecified essential		

Reconciled Medications:

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
BOP	Continue	Rx	1009567-COX	Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab	Take one tablet (1000 UNIT) by mouth each day
BOP	Continue	Rx	1012071-COX	Ferrous Gluconate 324 (5 GR) MG Tab	Take one tablet by mouth each day with food
BOP	Continue	Rx	1032125-COX	FLUoxetine HCl 10 MG Cap	Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)
BOP	Continue	Rx	1032126-COX	hydroCHLORothiazide 25 MG Tab	Take one tablet (25 MG) by mouth each day for blood pressure and fluid
BOP	Continue	Rx	1032127-COX	LevoTHYROXINE Sodium 75 MCG Tab	Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism
BOP	Continue	Rx	1029860-COX	Meloxicam 15 MG Tab	Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine**
BOP	Continue	Rx	1033171-COX	Nystatin Cream 100,000 Unit/GM [30 GM]	Apply topically to the affected area(s) twice daily
BOP	Continue	Rx	1032128-COX	OXcarbazepine 600 MG Tab	Take one tablet (600 MG) by mouth every night at bedtime (pain)
BOP	Continue	Rx	1032129-COX	Verapamil HCl 80 MG Tab	Take one tablet (80 MG) by mouth twice daily to control blood pressure
		OTC		No known OTCs	

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2021	End Date: 03/10/2022
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

diphenhydramine HCl 50 MG/ML 1 ML Inj/Vial

Inject 50mg Intra-Muscularly one time AS NEEDED ***pill line*** ***pill line***

Rx#: 206187-MNA **Doctor:** Caldwell, Annette ARNP

Start: 06/11/21 **Exp:** 06/11/21 **Pharmacy Dispensings:** 0 ML in 0 day

diphenhydramine HCl 50 MG/ML 1 ML Inj/Vial

50 mg Intramuscularly one time AS NEEDED x 1 day(s) Pill Line only ***pill line***

Rx#: 206686-MNA **Doctor:** Archer, Kendes (MOUD) MD

Start: 06/30/21 **Exp:** 07/01/21 **Pharmacy Dispensings:** 0 ML in 1 day

methylprednisolone SOD Succ 40 MG/ML 1 ML Inj

40mg Intramuscularly One Time Dose Given as needed x 0 day(s) Pill Line only ***pill line***

Rx#: 206716-MNA **Doctor:** Caldwell, Annette ARNP

Start: 06/30/21 **Exp:** 06/30/21 **Pharmacy Dispensings:** 0 EA in 0 day

methylprednisolone SOD Succ 40 MG/ML 1 ML Inj

Inject 40mg (1mL) Intra-Muscularly x1 dose AS NEEDED ***pill line*** ***pill line***

Rx#: 207034-MNA **Doctor:** Caldwell, Annette ARNP

Start: 07/09/21 **Exp:** 07/09/21 **Pharmacy Dispensings:** 0 EA in 0 day

Amitriptyline 25 MG Tab

Take one tablet by mouth daily ***pill line***

Rx#: 204422-MNA **Doctor:** Archer, Kendes (MOUD) MD

Start: 04/13/21 **Exp:** 07/12/21 **D/C:** 05/26/21 **Pharmacy Dispensings:** 30 TAB in 90 days

Ferrous Gluconate 324 (5 GR) MG Tab

Take one tablet by mouth each day with food

Rx#: 1012071-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/24/20 **Exp:** 09/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 210 TAB in 365 days

Ferrous Gluconate 324 (37.5 Fe) MG Tab

Take one tablet by mouth each day with food for low iron

Rx#: 203758-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 03/30/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 360 TAB in 365 days

Complex: TAL--TALLAHASSEE FCI
Inmate: ORDAZ, LAZARA

Begin Date: 03/10/2021
Reg #: 52247-066

End Date: 03/10/2022
Quarter: D11-039L

Active Prescriptions

Ivermectin 3 MG Tab UD

Take 5 tablets (15 mg) by mouth weekly for 14 days. Pill Line Only-Take first dose at evening pill line on 12/22/2021, repeat in one week, take with food. ***pill line***

Rx#: 213216-MNA **Doctor:** Caldwell, Annette ARNP

Start: 12/22/21 **Exp:** 12/24/21

Pharmacy Dispensings: 5 TAB in 2 days

Ivermectin 3 MG Tab UD

Take 5 tablets (15 mg) by mouth weekly for 14 days. Pill Line Only-Take first dose at evening pill line on 12/22/2021, repeat in one week, take with food. ***pill line***

Rx#: 213262-MNA **Doctor:** Caldwell, Annette ARNP

Start: 12/29/21 **Exp:** 12/30/21

Pharmacy Dispensings: 5 TAB in 1 day

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 1032127-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 203761-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 09/14/21 **Pharmacy Dispensings:** 180 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 209384-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 180 TAB in 180 days

Meloxicam 15 MG Tab

Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine**

Rx#: 1029860-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 02/04/21 **Exp:** 08/03/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 67 TAB in 180 days

Meloxicam 15 MG Tab

Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine**

Rx#: 203762-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 09/14/21 **Pharmacy Dispensings:** 180 TAB in 180 days

Meloxicam 15 MG Tab

Take one tablet (15 MG) by mouth each day with food for pain (ccv) *May increase risk of stomach bleed when taken with fluoxetine**

Rx#: 209385-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 180 TAB in 180 days

Complex: TAL--TALLAHASSEE FCI
Inmate: ORDAZ, LAZARA

Begin Date: 03/10/2021
Reg #: 52247-066

End Date: 03/10/2022
Quarter: D11-039L

Active Prescriptions

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 1032125-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 CAP in 180 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 203759-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 04/13/21 **Pharmacy Dispensings:** 30 CAP in 180 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 205854-MNA **Doctor:** Archer, Kendes (MOUD) MD

Start: 05/27/21 **Exp:** 11/23/21 **D/C:** 11/10/21 **Pharmacy Dispensings:** 180 CAP in 180 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 211915-MNA **Doctor:** Caldwell, Annette ARNP

Start: 11/10/21 **Exp:** 05/09/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 150 CAP in 180 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 1032126-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 203760-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 09/14/21 **Pharmacy Dispensings:** 180 TAB in 180 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 209383-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 180 TAB in 180 days

Hydrocortisone Cream 1%, (OTC) 30 GM

Apply a thin layer topically three times a day as needed for 5 days- Do not send tube removed from PYSXIS.

Rx#: 206713-MNA **Doctor:** Caldwell, Annette ARNP

Start: 06/30/21 **Exp:** 07/05/21 **Pharmacy Dispensings:** 0 GM in 5 days

Complex: TAL--TALLAHASSEE FCI
Inmate: ORDAZ, LAZARA

Begin Date: 03/10/2021
Reg #: 52247-066

End Date: 03/10/2022
Quarter: D11-039L

Active Prescriptions

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime for pain

Rx#: 203763-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 05/27/21 **Pharmacy Dispensings:** 90 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth twice daily

Rx#: 205855-MNA **Doctor:** Archer, Kendes (MOUD) MD

Start: 05/27/21 **Exp:** 11/23/21 **D/C:** 11/10/21 **Pharmacy Dispensings:** 360 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth twice daily

Rx#: 211916-MNA **Doctor:** Caldwell, Annette ARNP

Start: 11/10/21 **Exp:** 05/09/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 300 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 1032129-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 74 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 203764-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 09/14/21 **Pharmacy Dispensings:** 360 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 209381-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 360 TAB in 180 days

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab

Take one tablet (1000 UNIT) by mouth each day

Rx#: 1009567-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 09/02/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 240 TAB in 365 days

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab

Take one tablet (1000 UNIT) by mouth each day

Rx#: 203756-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 03/30/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 365 TAB in 365 days

Complex: TAL--TALLAHASSEE FCI
Inmate: ORDAZ, LAZARA

Begin Date: 03/10/2021
Reg #: 52247-066

End Date: 03/10/2022
Quarter: D11-039L

Active Prescriptions

methylPREDNISolone 4 MG Tab [21 count Pack]

Use as directed by mouth daily for six days

Rx#: 206179-MNA **Doctor:** Caldwell, Annette ARNP

Start: 06/11/21 **Exp:** 06/17/21

Pharmacy Dispensings: 21 TAB in 6 days

methylPREDNISolone 4 MG Tab [21 count Pack]

Take by mouth daily as directed on package

Rx#: 206718-MNA **Doctor:** Caldwell, Annette ARNP

Start: 06/30/21 **Exp:** 07/06/21

Pharmacy Dispensings: 21 TAB in 6 days

methylPREDNISolone 4 MG Tab [21 count Pack]

Take by mouth daily as directed on package

Rx#: 208498-MNA **Doctor:** Caldwell, Annette ARNP

Start: 08/16/21 **Exp:** 08/22/21

Pharmacy Dispensings: 21 TAB in 6 days

methylPREDNISolone 4 MG Tab [21 count Pack]

Take by mouth daily as directed on package

Rx#: 215218-MNA **Doctor:** Caldwell, Annette ARNP

Start: 02/25/22 **Exp:** 03/03/22

Pharmacy Dispensings: 21 TAB in 6 days

Nystatin Cream 100,000 Unit/GM [30 GM]

Apply topically to the affected area(s) twice daily

Rx#: 1033171-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 03/05/21 **Exp:** 04/04/21 **D/C:** 03/30/21

Pharmacy Dispensings: 30 GM in 30 days

Nystatin Cream 100,000 Unit/GM [30 GM]

Apply topically to the affected area(s) twice daily for 5 days

Rx#: 203990-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/31/21 **Exp:** 04/05/21

Pharmacy Dispensings: 0 GM in 5 days

Omeprazole 20 MG Cap

Take one capsule by mouth daily

Rx#: 204423-MNA **Doctor:** Archer, Kendes (MOUD) MD

Start: 04/13/21 **Exp:** 10/10/21 **D/C:** 09/14/21

Pharmacy Dispensings: 180 CAP in 180 days

Omeprazole 20 MG Cap

Take one capsule (20 MG) by mouth each day "Chronic Care Verified"

Rx#: 209382-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22

Pharmacy Dispensings: 169 CAP in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime (pain)

Rx#: 1032128-COX **Doctor:** Gopal, Swapna (MOUD) APRN

**Bureau of Prisons
Health Services
Dental Health History Screen**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 07/19/2021 10:22

Sex: F Race: BLACK
Provider: Collins, Joseph

Reg #: 52247-066
Facility: MNA
Unit: X03

ASSESSMENTS:

Health Problems as of Dental Health History Encounter date: 07/19/2021 10:22

Health Problems

<u>Health Problem</u>	<u>Status</u>
Hypothyroidism unspecified	Current
Anemia, unspecified	Current
Hypertension, Unspecified essential	Current
Esophageal reflux	Current
Slow transit constipation	Current
Dermatitis/eczema due to unspecified cause	Current
Pityriasis rosea	Current
Shoulder (pain in joint, shoulder region)	Current
Low back pain, lumbago	Current
Sciatica	Current
BILATERAL	
Other disorder of bone and cartilage	Current
Headache	Current
Dysphagia, unspecified	Current
pt c/o choking sensation, intermittently and not always related to meals, will order imaging study to better assess and f/u post studies, pt understands and agrees	
LTBI Prophyl Refused	Current
Tinea pedis	Current
Vitamin D deficiency	Current
Adjustment disorder	Current
Sleep apnea	Current
Other peripheral vertigo	Current
Vertigo of central origin	Current
Dental caries	Current
Fractured dental restorative material with loss of material	Current
Denture	
Cutaneous abscess, unspecified	Current
Rash and other nonspecific skin eruption	Current
Abnormal weight loss	Current
Encounter for gynecological exam (general) (routine) without abnormal findings	Current
Primary open angle glaucoma	Remission
Infective otitis externa, unspecified	Remission
Unspecified hemorrhoids without mention of comp	Remission
Acute upper respiratory infection of unspec site	Remission
Allergic rhinitis, cause unspecified	Remission
Dental caries, unspecified	Remission
Urticaria, unspecified	Remission
Hive like reaction.	
Diarrhea	Remission

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 07/19/2021 10:22

Sex: F Race: BLACK
 Provider: Collins, Joseph

Reg #: 52247-066
 Facility: MNA
 Unit: X03

Other Infectious Diseases:

Syphilis: No
 Syphilis Last Treatment: N/A
 Genital Warts: No
 Chlamydia: No
 Gonorrhea: No
 Herpes: No
 Chicken Pox: Yes
 Other: No

Comments: chicken pox as a child

Other Health Issues:

Other Medical Conditions And Treatment:

Current Medical Conditions:

Other Current Treatments:

Pregnant: No

Dental Observations as of Dental Health History Encounter date: 07/19/2021 10:22

History:

Alcohol: Yes
 Methamphetamine: No
 Tobacco products: No
 Other drugs: Yes
 Sensitive teeth: No
 Bleeding gums: No
 Food impaction: No
 Pain around ear: No
 Toothache: No
 Wear partial dentures: Yes
 Unusual sounds while eating: No
 Snoring: No
 Blisters on lips or mouth: No
 Clenching or grinding: No
 Swelling or lumps in mouth/throat: No
 Burning tongue: No
 Bad breath: No
 Decayed teeth: No
 Loose teeth: No
 Wear dentures: Yes
 None: No
 Comments:

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 07/19/2021	Provider: Collins, Joseph	Facility: MNA	Unit: X03
Encounter Date: 07/19/2021 10:22			

<u>Health Problem</u>	<u>Status</u>
Unspecified glaucoma	Remission
Mild glaucoma	
History of other injury	Remission
History of fall	Remission
Other elective surgery	Remission
AC JT separation repair	
Herpes zoster w/o mention of complication	Resolved
Overweight	Resolved
BMI=26 WT=166Lbs HT=67"	
Preglaucoma, unspecified	Resolved
Sinusitis, acute, unspecified	Resolved
Retained dental root	Resolved
Extracted #27, 28	
Oth and unspec noninfectious gastroenteritis	Resolved
Onychia and paronychia of finger	Resolved
per note in October	
Foot, contusion	Resolved
Head injury, unspecified	Resolved
Repair complete denture	Resolved
Pain in leg, unspecified	Resolved
right knee	
Confirmed case COVID-19	Resolved
released from isolation 8/10/20	

Medical History as of Dental Health History Encounter date: 07/19/2021 10:22

Medical History:

Allergies: Denied

Seizures: Denied

Diabetes: Denied

Cardiovascular: Denied

CVA: Denied

Hypertension:

Age of Onset:

Comments: HTN X 10 years. Well-controlled with diet, exercise and medications.

Respiratory: Denied

Sickle Cell Anemia: Denied

Carcinoma/Lymphoma: Denied

HIV History:

When Tested: 2017

Test Result: Negative

When Diagnosed AIDS:

Last CD4:

Comments:

Hepatitis: Denied

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 12/17/1977	Provider: Collins, Joseph	Facility: MNA	Unit: X03
Encounter Date: 07/19/2021 10:22			

Cardiac Condition Requiring Prophylaxis: No**Prosthetic joint(s):** No**Radiation history of head or neck:** No**Excessive bleeding:** Yes**Bisphosphonates:** No**Comments:** Bleeds a lot. Takes iron. Never DX w/ bleeding disorder**Medications as of Dental Health History Encounter date:** 07/19/2021 10:22**Medications:**

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab Exp: 03/30/2022 SIG: Take one tablet (1000 UNIT) by mouth each day

Ferrous Gluconate 324 (37.5 Fe) MG Tab Exp: 03/30/2022 SIG: Take one tablet by mouth each day with food for low iron

FLUoxetine HCl 10 MG Cap Exp: 11/23/2021 SIG: Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

hydroCHLOROthiazide 25 MG Tab Exp: 09/26/2021 SIG: Take one tablet (25 MG) by mouth each day for blood pressure and fluid

LevoTHYROXINE Sodium 75 MCG Tab Exp: 09/26/2021 SIG: Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Meloxicam 15 MG Tab Exp: 09/26/2021 SIG: Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine**

Omeprazole 20 MG Cap Exp: 10/10/2021 SIG: Take one capsule by mouth daily

OXcarbazepine 600 MG Tab Exp: 11/23/2021 SIG: Take one tablet (600 MG) by mouth twice daily

Verapamil HCl 80 MG Tab Exp: 09/26/2021 SIG: Take one tablet (80 MG) by mouth twice daily to control blood pressure

OTCs: Listing of all known OTCs this inmate is currently taking.

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Collins, Joseph DDS/CDO on 07/19/2021 10:26

**Bureau of Prisons
Health Services
Dental Soap/Admin Encounter - Administrative Note**

Inmate Name:	ORDAZ, LAZARA	Sex:	F	Race:	BLACK	Reg #:	52247-066
Date of Birth:		Provider:	Collins, Joseph DDS/CDO	Facility:	MNA	Unit:	X03
Note Date:	09/15/2021 11:34						

Reviewed Health Status: Yes

Administrative Note encounter performed at Satellite Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Collins, Joseph DDS/CDO

Discussed remaining TX. Patient opts to keep remaining teeth rather than lower CD, and plans to replace missing teeth at own expense after released.
Fillings R/S due to lack of dental assistant.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Collins, Joseph DDS/CDO on 09/15/2021 11:37

Inmate Name: ORDAZ, LAZARA
 Date of Birth: }
 Encounter Date: 07/28/2021 13:19

Sex: F Race: BLACK
 Provider: Collins, Joseph

Reg #: 52247-066
 Facility: MNA
 Unit: X03

<u>Rx#</u>	<u>Medication</u>	<u>Stop Date</u>	<u>SIG</u>
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No IVs to be Reconciled.

Other Active OTCs:

<u>Medication</u>	<u>OTC Source</u>	<u>Start Date</u>	<u>Stop Date</u>
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No OTCs to be Reconciled.

Disposition:

Will Be Placed on Callout

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/28/2021	Counseling	Diagnosis	Collins, Joseph	Verbalizes Understanding
07/28/2021	Counseling	Plan of Care	Collins, Joseph	Verbalizes Understanding

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Collins, Joseph DDS/CDO on 07/28/2021 13:26

**Bureau of Prisons
Health Services
Dental Routine Care
Hygiene Appt**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 07/28/2021 13:19

Sex: F Race: BLACK
Provider: Collins, Joseph

Reg #: 52247-066
Facility: MNA
Unit: X03

Reviewed Health Status: Yes

ASSESSMENTS:

Health Problems Newly Identified During This Encounter:

Health Problem

Allergies: Denied

Hygiene Appointment Type: Initial

Oral Hygiene: Poor

Oral Hygiene Comments: Brushes 2x/day, but does not floss.

CPITN:

x	x	x
x	2	x

Hygiene examination performed and documented: No

Head & Neck/Soft Tissue within normal limits? No

Comments: See comp exam notes

Comments:

Additional Findings and Procedures

PROCEDURE:

Dental Procedures

Universal Protocol Followed: yes

Materials Discussed: yes

Radiograph(s) Reviewed: yes

Procedures Added or Updated on the Dental Treatment Plan During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
General	Prophylaxis	Refused
demonstrated OHC on model. Majority of calculus removed via cavitron and hand instruments, but patient reported she'd like to stop. Refusal signed and witnessed. Bleeding controlled at discharge.		

Medication Reconciliation.

The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.

Reconciled Medications:

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
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No Medication or OTC items to be Reconciled.

Other Active Medications

<u>Rx#</u>	<u>Medication</u>	<u>Stop Date</u>	<u>SIG</u>
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No Medications to be Reconciled.

Other Active IVs:

**Bureau of Prisons
Health Services
Dental Routine Care
Comp/Periodic Exam**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 07/19/2021 10:46

Sex: F Race: BLACK
Provider: Collins, Joseph

Reg #: 52247-066
Facility: MNA
Unit: X03

Reviewed Health Status: Yes

ASSESSMENTS:

Health Problems Newly Identified During This Encounter:

Health Problem

Allergies: Denied

Occlusion: Multiple Missing Teeth

Oral Hygiene: Poor

CPITN:

x	x	x
x	2	x

Hard and soft tissue examination performed and documented: Yes

Head & Neck/Soft Tissue within normal limits? No

Comments: s; unaware of lesions. Takes dentures out to clean, but usually leaves them in through the night.
o; red patch w/ minor (<1mm) bumps right and left hard palate.
a; Differential DX 1) Denture Sore 2) Erthymatous Candidiasis
p; Explained findings. Advised keep dentures out at night and see if it heals. Showed patient w/ mirror.

Decayed: 3 Missing: 29 Filled: 3

Additional Findings:

Comments:

Additional Findings and Procedures

PROCEDURE:

Dental Procedures

Universal Protocol Followed: yes

Materials Discussed: yes

Radiograph(s) Reviewed: yes

Dental Procedures In Process/Completed During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
#24	Periapical Radiograph	Completed
General	Treatment Plan Examination	Completed

Procedures Added or Updated on the Dental Treatment Plan During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
#23-DL	Composite Restoration	Not Started
#24-D	Composite Restoration	Not Started
#25-LF	Composite Restoration	Not Started
General	Prophylaxis	Not Started
General	All Planned Routine Treatment Completed	Not Started

76425**10701446 LI-1 T-76425 12/30/2021**

Patient Name

52247-066 LI-1

Customer PO

SMITHPAMELA**748292**

Customer Code and Name

391908 - PAMELA SMITH

Frame Style - Color - Size

FPI-2 BLK 54.24.150**000000000012** Frame SKU**012** Frame Bin

	A	B	ED	Circ	DBL
R	53.79	43.63	57.32	160.01	21.92
L	53.64	43.56	57.38	159.71	

Material	Lens Type	Color	Vendor	Blank Size	Base	Add
R CR-39	ST28	CLEAR	SHORE	70	6.25	2.25
Right Lens Bin		03	0037767712	Right Lens SKU		
Left Lens Bin		03	0037767704	Left Lens SKU		
L CR-39	ST28	CLEAR	SHORE	70	6.25	2.25

	Sphere	Cylinder	Axis	Far PD	Near PD	Add	Seg Ht	BOC	Prism 1	Prism 2
R	1.25	0.00	0	31.50	30.50	2.25	20.00	4.00		
L	1.50	-0.50	95	31.50	30.50	2.25	20.00	4.00		

RIGHT LENS	PL CR39 BIF FT28 UNC SHRLN 70S 625/225	14.50
LEFT LENS	PL CR39 BIF FT28 UNC SHRLN 70S 625/225	14.50
FRAME	FPI-2 BLK 54.24.150	15.00

Handwritten signature
 01-14-2022
 Ingram

0.00
 \$ 44.00

SHIP TO:

JESSICA MOONEYHAM
FCI MARIANNA 3625 FCI ROAD
MARIANNA, FL 32448

8292



Purchase Order #

SMITHPAMELA

52247-066 LI-1

10701446 LI-1 T-76425 12/30/2021

UNICOR FCI Butner, NC (919) 575-2050 (919) 575-6280 - Fax.



FCI Marianna MNA

Patient:	ORDAZ, LAZARA (Female)	DOB:	
Register#:	52247-066	Age:	62
Date:	06/03/21 14:13	Status:	OP
Slice count:	5		
History:	PAIN AND SWELLING AFTER FALL		
Priors:			
Exams:	FILM LEFT ELBOW, FILM LEFT WRIST, FILM LEFT HAND		
Referring Phy:			
Ordering Phy:			
Ordering Phy #:			
Accession Numbers:	202#BOP00261620		

Final Report

Exam: FILM LEFT ELBOW

HISTORY: Pain and swelling after fall

TECHNIQUE: 2 views obtained

COMPARISON: No prior imaging available

FINDINGS: There is no soft tissue abnormality. There is no radiographic evidence for acute fracture. There is no joint space malalignment. Articular surfaces are smooth. Joint spaces are maintained. Bone mineralization is normal for age.

IMPRESSION:

Unremarkable left elbow radiographs.

Exam: FILM LEFT WRIST

HISTORY: Pain and swelling after fall

TECHNIQUE: 3 views obtained

COMPARISON: No prior imaging available

FINDINGS: There is no soft tissue abnormality. There is no radiographic evidence for acute fracture. There is no joint space malalignment. Bone mineralization is normal for age.

IMPRESSION:

No radiographic evidence for an acute fracture or joint space malalignment in the left wrist.

Exam: FILM LEFT HAND

HISTORY: Pain and swelling after fall

TECHNIQUE: 3 views obtained

COMPARISON: No prior imaging available

FINDINGS: There is no soft tissue abnormality. There is no radiographic evidence for acute fracture. There is no joint space malalignment. Bone mineralization is normal for age. There is moderate osteoarthritis at the first CMC joint. Remaining joint spaces are maintained.

Inmate Name: ORDAZ, LAZARA

Date of Birth: 03/05/2021

Encounter Date: 03/05/2021 08:43

Sex: F Race: BLACK

Provider: Franco, Karina MD

Reg #: 52247-066

Facility: COL

Unit: F01

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Pulmonary**Auscultation**

Yes: Clear to Auscultation

No: Rhonchi, Wheezing

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Peripheral Vascular**Legs**

No: Homan's Sign, Calf Tenderness

Abdomen**Palpation**

Yes: Within Normal Limits, Soft

No: Guarding, Rigidity, Tenderness on Palpation

Mental Health**Grooming/Hygiene**

Yes: Appropriate Grooming

Affect

Yes: Appropriate

Mood

Yes: Appropriate

Thought Content

Yes: Within Normal Limits, Appropriate, Goal Directed

No: Compulsive, Obsessive, Phobias, Anxious

ASSESSMENT:

Sleep apnea, G4730 - Current

Tinea pedis, B353 - Current

PLAN:**New Medication Orders:****Rx#****Medication****Order Date**

Nystatin Cream 100,000 Unit/GM

03/05/2021 08:43

Prescriber Order: 100,000 Topically - Two Times a Day x 30 day(s)

Indication: Dermatitis/eczema due to unspecified cause

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format
03/05/2021	Counseling

Handout/Topic
Access to Care

Provider
Franco, Karina

Outcome
Verbalizes Understanding

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 03/05/2021	Provider: Franco, Karina MD	Facility: COL	Unit: F01
Encounter Date: 03/05/2021 08:43			

Physician - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Franco, Karina MD

Chief Complaint: Other Problem

Subjective: 62 y/o female patient who is today for f/u for sleep study. Report positive to MODERATE sleep apnea. Today she is c/o skin rash on both feet with several months evolution. She has tried OTC meds. She denies any other acute symptoms.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/05/2021	09:25 COX	96.0	35.6		Franco, Karina MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/05/2021	09:25 COX	66			Franco, Karina MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/05/2021	09:25 COX	14	Franco, Karina MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/05/2021	09:25 COX	143/79				Franco, Karina MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/05/2021	09:25 COX	100		Franco, Karina MD

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Skin

Lesions

Yes: Vesicles, Erosions, Scaling

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

No: Facial Asymmetry

Neck

General

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth: [REDACTED]	Sex: F Race: BLACK	Facility: COL
Note Date: 02/25/2021 08:42	Provider: Gopal, Swapna APRN	Unit: F01

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Gopal, Swapna APRN

A chart review has been conducted including labs, vitals, recent notes, medications, and diagnosis. Chart review data indicates that patient is stable on current medication therapy, no medication changes indicated. A refill of medications will be entered to prevent lapse of therapy before next scheduled chronic care visit.

Inmate allergies reviewed and needed updates were applied during this visit -- see Chart: Allergies for current inmate allergy list.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
1009617-COX	FLUoxetine HCl 10 MG Cap	02/25/2021 08:42
	<u>Prescriber Order:</u> Take one capsule (10 MG) by mouth each day *consent form on file * x 180 day(s)	
	Indication: Adjustment disorder	
1009568-COX	hydroCHLORothiazide 25 MG Tab	02/25/2021 08:42
	<u>Prescriber Order:</u> Take one tablet (25 MG) by mouth each day x 180 day(s)	
	Indication: Vertigo of central origin	
1009569-COX	LevoTHYROXINE Sodium 75 MCG Tab	02/25/2021 08:42
	<u>Prescriber Order:</u> Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism x 180 day(s)	
	Indication: Hypothyroidism unspecified	
1009571-COX	OXcarbazepine 600 MG Tab	02/25/2021 08:42
	<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth every night at bedtime (pain) x 180 day(s)	
	Indication: Low back pain, lumbago, Sciatica	
1009572-COX	Verapamil HCl 80 MG Tab	02/25/2021 08:42
	<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth twice daily to control blood pressure x 180 day(s)	
	Indication: Hypertension, Unspecified essential	

Disposition:

Follow-up at Sick Call as Needed

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Gopal, Swapna APRN on 02/25/2021 09:24

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth: -----	Sex: F Race: BLACK	Facility: COL
Note Date: 02/17/2021 10:41	Provider: Bailey, S. IOP/IDC/RN	Unit: F01

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Bailey, S. IOP/IDC/RN

Patient was seen within 24 hours by other medical staff, the documentation of patient assessments is in the paper roster flow sheet that is kept by the IDC at the institution. Inmate has remained in quarantine with daily assessment that includes temperatures and signs/symptoms. As per the staff member who performed the assessment within 24 hours and the documented in the paper flow sheet her temperature was 97.3 F. She has

2 negative RT-PCR test, including one quest test and 14 days of negative CDC symptoms. Furthermore, the inmate does not have any of the following CDC symptoms related to COVID-19 disease that include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea. The inmate had daily temperatures screening during the quarantine period that were within normal limits as per the paper roster flow sheets. The inmate has been asymptomatic during the quarantine period as per the paper roster flowsheets. Therefore, as per the Clinical Director designee this inmate is cleared from medical Standpoint

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Bailey, S. IOP/IDC/RN on 02/17/2021 10:42

Requested to be cosigned by Negron, Ivan MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth:	Sex: F Race: BLACK	Facility: COL
Note Date: 02/04/2021 12:22	Provider: Franco, Karina MD	Unit: F01

Review Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Franco, Karina MD
 chart review for ortho consult
 Patient has history of left shoulder pain and had a local injection in office. She will have a f/u.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Meloxicam Tablet	02/04/2021 12:22
	<u>Prescriber Order:</u> 15 Orally - daily x 180 day(s)	
	Indication: Shoulder (pain in joint, shoulder region)	

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Franco, Karina MD on 02/04/2021 12:25

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth:	Sex: F Race: BLACK	Facility: COL
Note Date: 02/08/2021 12:32	Provider: Festa, M. APRN	Unit: F01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Festa, M. APRN
Covid testing.

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Novel Coronavirus	One Time	02/11/2021 00:00	Routine
Labs requested to be reviewed by:	Negron, Ivan MD		

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Festa, M. APRN on 02/08/2021 12:32

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth: *****	Sex: F Race: BLACK	Facility: COL
Note Date: 01/19/2021 14:24	Provider: Bonnet-Engelbreton,	Unit: F01

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Bonnet-Engelbreton, Leonor MD
MEDICAL TRIP RETURN/ORTHO EVALUATION

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Acetaminophen 325 MG Tablet	01/19/2021 14:24
	<u>Prescriber Order:</u> 2 TAB Orally Mouth - Two Times a Day PRN x 30 day(s)	
	Indication: Shoulder (pain in joint, shoulder region), Low back pain, lumbago, Sciatica, Other disorder of bone and cartilage	

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Bonnet-Engelbreton, Leonor MD on 01/19/2021 14:26

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA
Date of Birth:
Encounter Date: 01/08/2021 14:27

Sex: F Race: BLACK
Provider: Pippin, J. RN

Reg #: 52247-066
Facility: COL
Unit: F01

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Pippin, J. RN

Chief Complaint: Medical Trip Return

Subjective: Inmate returned from Medical trip from Advanced Wellness and Orthopedic Center.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
01/08/2021	14:49 COX	97.4	36.3		Pippin, J. RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
01/08/2021	14:49 COX	83			Pippin, J. RN

Respirations:

Date	Time	Rate Per Minute	Provider
01/08/2021	14:49 COX	16	Pippin, J. RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
01/08/2021	14:49 COX	113/72				Pippin, J. RN

SaO2:

Date	Time	Value(%)	Air	Provider
01/08/2021	14:49 COX	98	Room Air	Pippin, J. RN

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Skin Intact

Head

General

Yes: Symmetry of Motor Function

Eyes

General

Yes: Extraocular Movements Intact

Pulmonary

Observation/Inspection

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: ORDAZ, LAZARA		Reg #: 52247-066
Date of Birth: 12/17/1958	Sex: F Race: BLACK	Facility: COL
Note Date: 01/12/2021 15:19	Provider: Henderson, Joshua PA-C	Unit: F01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Henderson, Joshua PA-C

Inmate is currently in quarantine due to possible exposure to COVID-19 in housing unit and requires two COVID-19 tests for clearance, which will be ordered at this time.

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Novel Coronavirus	Recurring	01/12/2021 00:00	Routine
Labs requested to be reviewed by:	Franco, Karina MD		
Lab Tests-C-COVID-19 Novel Coronavirus	Recurring	01/26/2021 00:00	Routine
Labs requested to be reviewed by:	Franco, Karina MD		

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Henderson, Joshua PA-C on 01/12/2021 15:19

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 01/08/2021 14:27

Sex: F Race: BLACK
 Provider: Pippin, J. RN

Reg #: 52247-066
 Facility: COL
 Unit: F01

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/08/2021	Counseling	Access to Care	Pippin, J.	Verbalizes Understanding
01/08/2021	Counseling	Plan of Care	Pippin, J.	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Bonnet-Engelbreton, Leonor MD

Telephone or Verbal order read back and verified.

Completed by Pippin, J. RN on 01/08/2021 14:50

Requested to be cosigned by Bonnet-Engelbreton, Leonor MD.

Cosign documentation will be displayed on the following page.

Inmate Name: ORDAZ, LAZARA	Sex: F Race: BLACK	Reg #: 52247-066
Date of Birth: 01/08/2021	Provider: Pippin, J. RN	Facility: COL
Encounter Date: 01/08/2021 14:27		Unit: F01

Yes: Within Normal Limits

No: Apneic, Respiratory Distress

Cardiovascular**Observation**

Yes: Within Normal Limits

Abdomen**Inspection**

Yes: Within Normal Limits

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate returned from Medical trip from Advanced Wellness and Orthopedic Center. Inmate denies any injury or trauma while out of the facility.

Per returned paperwork:

A NSP was completed, joint access was confirmed with dye and 2 ml of bupivacaine 0.25% and 80 mg depo Medrol was injected. Inmate tolerated procedure well and post injection instructions were given.

Plan: injection as above

increase Mobic 15 mg po q day at mid day med pass x 30 with 3 refills

discuss tx options

follow up 4-6 weeks

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Meloxicam Tablet	01/08/2021 14:27
	<u>Prescriber Order:</u> 15 mg Orally - daily x 30 day(s)	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
1009570-COX	Meloxicam 7.5 MG Tab	01/08/2021 14:27

Prescriber Order: Take one tablet (7.5 MG) by mouth each day with food (objective findings)

Discontinue Type: When Pharmacy Processes

Discontinue Reason: new order written

Indication:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Orthopedic Surgery	02/19/2021	02/19/2021	Routine	No	
Subtype:					
Off Site, non-surgical					
Reason for Request:					
Follow up per recommendations					

Disposition:

Follow-up at Sick Call as Needed

Discharged to Housing Unit-No Restrictions



Report Status: Final

ORDAZ, LAZARA

Patient Information	Specimen Information	Client Information
ORDAZ, LAZARA	Specimen: TM253568N	Client #: 123044 04TA999
DOB: AGE: 63	Requisition: 9248491	MEADE, JOHN
Gender: F	Lab Ref #: 083221666	FCI TALLAHASSEE
Phone: NG	Collected: 04/22/2022 / 10:27 EDT	501 CAPITAL CIR NE
Patient ID: 52247-066	Received: 04/23/2022 / 05:17 EDT	TALLAHASSEE, FL 32301-3558
	Reported: 04/23/2022 / 10:13 EDT	

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		214 H	<200 mg/dL	TP
HDL CHOLESTEROL	67		> OR = 50 mg/dL	TP
TRIGLYCERIDES	58		<150 mg/dL	TP
LDL-CHOLESTEROL		133 H	mg/dL (calc)	TP
Reference range: <100				
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.				
LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 (http://education.QuestDiagnostics.com/faq/FAQ164)				
CHOL/HDL-C RATIO	3.2		<5.0 (calc)	TP
NON HDL CHOLESTEROL		147 H	<130 mg/dL (calc)	TP
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
COMPREHENSIVE METABOLIC PANEL				TP
GLUCOSE		100 H	65-99 mg/dL	
Fasting reference interval				
For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.				
UREA NITROGEN (BUN)	15		7-25 mg/dL	
CREATININE		1.14 H	0.50-0.99 mg/dL	
For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.				
eGFR NON-AFR. AMERICAN		51 L	> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN		59 L	> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	13		6-22 (calc)	
SODIUM	135		135-146 mmol/L	
POTASSIUM	4.5		3.5-5.3 mmol/L	
CHLORIDE	99		98-110 mmol/L	
CARBON DIOXIDE	21		20-32 mmol/L	
CALCIUM	9.9		8.6-10.4 mg/dL	
PROTEIN, TOTAL	8.0		6.1-8.1 g/dL	
ALBUMIN	4.6		3.6-5.1 g/dL	
GLOBULIN	3.4		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.4		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.5		0.2-1.2 mg/dL	



Report Status: Final

ORDAZ, LAZARA

Patient Information	Specimen Information	Client Information
ORDAZ, LAZARA DOB: : AGE: 63 Gender: F Patient ID: 52247-066	Specimen: TM253568N Collected: 04/22/2022 / 10:27 EDT Received: 04/23/2022 / 05:17 EDT Reported: 04/23/2022 / 10:13 EDT	Client #: 123044 MEADE, JOHN

Test Name	In Range	Out Of Range	Reference Range	Lab
ALKALINE PHOSPHATASE	105		37-153 U/L	
AST	20		10-35 U/L	
ALT	12		6-29 U/L	
TSH	2.80		0.40-4.50 mIU/L	TP
T4, FREE	1.0		0.8-1.8 ng/dL	TP
CBC (INCLUDES DIFF/PLT)				TP
WHITE BLOOD CELL COUNT	4.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.27		3.80-5.10 Million/uL	
HEMOGLOBIN	12.7		11.7-15.5 g/dL	
HEMATOCRIT	36.5		35.0-45.0 %	
MCV	85.5		80.0-100.0 fL	
MCH	29.7		27.0-33.0 pg	
MCHC	34.8		32.0-36.0 g/dL	
RDW	13.8		11.0-15.0 %	
PLATELET COUNT	296		140-400 Thousand/uL	
MPV	11.1		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	1648		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2112		850-3900 cells/uL	
ABSOLUTE MONOCYTES	332		200-950 cells/uL	
ABSOLUTE EOSINOPHILS		0 L	15-500 cells/uL	
ABSOLUTE BASOPHILS	8		0-200 cells/uL	
NEUTROPHILS	40.2		%	
LYMPHOCYTES	51.5		%	
MONOCYTES	8.1		%	
EOSINOPHILS	0.0		%	
BASOPHILS	0.2		%	

PERFORMING SITE:

TP QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: GLEN L HORTIN, MD, PHD, CLIA: 10D0291120

Complex: TAL--TALLAHASSEE FCI
Inmate: ORDAZ, LAZARA

Begin Date: 03/10/2022
Reg #: 52247-066

End Date: 03/10/2023
Quarter: D11-039L

Active Prescriptions

Start: 03/24/22 **Exp:** 09/20/22 **D/C:** 09/19/22 **Pharmacy Dispensings:** 175 CAP in 180 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 261279-TAL **Doctor:** Alexander, M ARNP

Start: 09/19/22 **Exp:** 10/19/22 **D/C:** 09/23/22 **Pharmacy Dispensings:** 30 CAP in 30 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 261528-TAL **Doctor:** Du, Tri (MOUD-M) MD/CD

Start: 09/23/22 **Exp:** 09/23/23 **D/C:** 03/21/23 **Pharmacy Dispensings:** 180 CAP in 365 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 209383-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 180 TAB in 180 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid **continued in transit**

Rx#: 253148-TAL **Doctor:** Meade, John (MOUD) MD/SER Regional Physician

Start: 03/14/22 **Exp:** 04/13/22 **D/C:** 03/24/22 **Pharmacy Dispensings:** 10 TAB in 30 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 253625-TAL **Doctor:** Meade, John (MOUD) MD/SER Regional Physician

Start: 03/24/22 **Exp:** 03/24/23 **D/C:** 09/23/22 **Pharmacy Dispensings:** 192 TAB in 365 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 261529-TAL **Doctor:** Du, Tri (MOUD-M) MD/CD

Start: 09/23/22 **Exp:** 09/23/23 **D/C:** 03/21/23 **Pharmacy Dispensings:** 180 TAB in 365 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 209384-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 180 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism
continued in transit

Rx#: 253149-TAL **Doctor:** Meade, John (MOUD) MD/SER Regional Physician